**APPLICATION FOR NUHS CLINICIAN SCIENTIST PROGRAM (NCSP 2.0)**

**CV Template**

*This CV template consists of templates for PI, Co-Is, Collaborators and Mentor(s)****. Please read the following instructions before completing the form.***

1. ***Please use the format provided****.*
2. *Please* ***indicate N/A*** *if the required information is not applicable.*
3. *Please limit Co-I/Collab’s CV and Mentor’s CV to 2 pages each.*

**a) Principal Investigator**

***Principal investigator*** *(PI) is the lead researcher who has the appropriate level of authority and the responsibility to direct the project/programme being supported by the grant. He/She is responsible and accountable for the proper conduct of the project/programme.*

# 1 PERSONAL PARTICULARS

|  |  |  |  |
| --- | --- | --- | --- |
| **Dr /**  **Assist Prof (Surname in CAPS)** | | | |
| **Name:**        **Gender:**  Male  Female | | | Shape  Description automatically generated with low confidence  Click to insert photo. |
| **Nationality:** | **For Singapore PR, please indicate date granted PR status** *(DD MMM YYYY)***:** Click or tap to enter a date. | | |
| **Email Address:** | | | |
| **Contact Numbers** |  | **Hp:** | |
| **Clinical Grade:**  Resident  Senior Resident  Associate Consultant  Consultant  Senior Consultant  Others:  **Department:**  **Institution:** | | **Institution to park NCSP Funding**  *(Staff under CFS track cannot park fund under NUS)*    **Are you under any TRP?**  N /  Y TRP Name:  **Department Admin for NCSP grant administration:**  Name:  Email Address: | |
| **Research Interests:** | | | |

**2 training and QualificationS**

**a) Advanced Specialty Training**

*Please provide info on your advanced specialty training in the table below (add rows if required). If not applicable, please indicate “NA*

|  |  |  |
| --- | --- | --- |
| **Area of Advanced Specialty Training** | **Training Institution, Country** | **Date of exit from training**  **(DD MMM YYYY)**  i.e., stated on the letter or certificate of advanced specialty training completion |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |

**b) Accreditation**

*Please provide info on your professional accreditation in the table below (add rows if required). If not applicable, please indicate “NA”*

|  |  |  |
| --- | --- | --- |
| **Clinical / Allied Health Profession** | **Accreditation Body, Country**  e.g., Specialist Accreditation Board, Family Physicians Accreditation Board, Dental Specialist Accreditation Board etc | **Date of Accreditation**  **(DD MMM YYYY)** |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |

**c) Clinical and academic qualifications**

*Please provide details of clinical and academic qualifications (add rows if required).*

|  |  |  |
| --- | --- | --- |
| **Degree Obtained** | **Name of Institution, Country** | **Date obtained**  **(DD MMM YYYY)** |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |

**3 CAREER HISTORY**

*Please provide details of current position and past employment history. Explain any inactivity between employments (add rows/column if required).*

**a) Current Employment (including Adjunct and Joint Appointments)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Institution** | **Department** | **From** | **To** | **Position** |
|  |  | Click or tap to enter a date. | Click or tap to enter a date. |  |
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**b) Past Employment (including Adjunct and Joint Appointments)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Institution** | **Department** | **From** | **To** | **Position** |
|  |  | Click or tap to enter a date. | Click or tap to enter a date. |  |
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|  |  | Click or tap to enter a date. | Click or tap to enter a date. |  |

**4 Awards / PATENTS HELD (RELATED OR UNRLATED TO STUDY), IF ANY.**

*Please provide details of awards / patents received (add rows if required). Please include their associated IDs. There is no need to provide grant funding received as a PI in this table as this information is to be declared under “Other Attachments” template.*

|  |  |
| --- | --- |
| **Name of Award / Patents** | **Year awarded** |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |
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**5 LIST OF publications**

1. ***Applicants are required to update and ensure accuracy of their Scopus Publications Records. Reviewers will assess your publications via Scopus/SciVal.***

|  |
| --- |
| I have updated my publication records on SciVal/Scopus. |

1. *Please list your peer-reviewed, investigator-initiated primary research publications as first/last/corresponding author that is* ***not reflected in the Scopus records****. Asterisk (\*) publications relevant to this application.*

|  |
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1. *Please summarize your research work within a single paragraph (100 words).*

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**6 RESEARCH PLAN AND CAREER OBJECTIVES**

*In no more than 1 page,**please describe your immediate and long-term research career objectives, explaining how the award will contribute to their attainment.*

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**7 Personal Statement**

*In no more than 1 page, describe why you are suited for the NCSP award and have the ability to lead the project and to kick-start your research career. You may include factors such as your training, mentoring activities (if any), technical expertise, collaborator(s), scientific environment, previous work and/or past performance in this or related fields. You may cite publications or research products (including but not limited to patents, conference proceedings, research materials, databases, protocols) that highlight your experience and qualifications for this application. In addition, briefly describe up to 5 of your most significant contribution to science. Please indicate the background that frames the scientific problem, the central findings, influence of the findings on the progress of science or the application to health and technology, and your specific role in the described work. You may cite publications or research products that are relevant to the contribution. These contributions do not have to be related to the proposed work in this application*

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**8 Declaration of PI’s aPPOINTMENT**

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| --- |
| I confirm that:   1. I have a primary appointment with the Host Institution which has endorsed this application –   Yes/  No  (If “No”, please specify the primary appointment institution:      )   1. I am salaried by the Host Institution –  Yes/  No/  Partially.   (If “No” or “Partially”, please specify the following:  Other funding institution/source:  FTE funded by other funding institution/source (If any):       % |

**b) Co-Investigators and Collaborators**

***Note that:***

1. *Co-Investigators need to hold at least an adjunct position in a local public institution.*
2. *Researchers from overseas institutions or private companies can only participate as Collaborators.*
3. *For Research Fellow/Associate/Assistant/Officer/Scientist, please specify if he/she is salaried by institution or project grant under the “Current Position” section. Research Fellow/Associate/Assistant /Officer/Scientist salaried by project grants can only participate as Collaborators.*
4. *Research Fellow/Associate/Assistant/Officer/Scientist to be salaried under this current grant application cannot be Co-Investigators or Collaborators.*

*In not more than* ***2 pages*** *per team member, please use the format below to provide the required information on the* ***Co-Investigators and Collaborators.*** *For multiple team members, you can add additional tables below.*

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Nationality:**    **Singapore PR:**  Y /  N /  NA |
| **Email:** |  | |
| **Current Position(s)** (provide full details, e.g. joint appointments, other academic appointments including those outside of Singapore) | | |
| **Academic qualifications** (Indicate degree title, award year and institution name) | | |
| **Contribution to Science** (Briefly describe up to 5 of your most significant contribution to science. Please indicate the background that frames the scientific problem, the central findings, influence of the findings on the progress of science or the application to health and technology, and your specific role in the described work. You may cite publications or research products that are relevant to the contribution. These contributions do not have to be related to the proposed work in this application.) | | |
| **Additional Information** (List ongoing and/or completed research projects in the past 3 years that you want to draw attention to. Briefly indicate the overall goals of the project and your responsibilities.) | | |
| **Current and previous support from NMRC, NHIC or other sources** *(include proposals pending approval)* | | |

**c) Mentor**

*Please provide the following details of the proposed mentor(s). The following sections should be completed* ***(2 pages maximum)****.*

**1** **Particulars of Mentor**

|  |  |
| --- | --- |
| **Particulars of Mentor(s)** | |
| **Name of Primary Mentor**1 |  |
| **Designation** |  |
| **Name of Organisation and address** |  |
| **E-mail Address** |  |
| **Current Position**  *(Please provide full details, e.g. joint appointments; other academic appointments including those outside of Singapore, if applicable)* | |

(*If there is more than one mentor, please use this format and provide the information in a separate document.)*

1 The primary mentor should be an accomplished researcher in the proposed research field and have experience in mentoring junior clinician scientists to become independent investigators.

**2 An elaborate write-up per mentor comprising:**

* 1. *a plan that describes the nature of the supervision and mentoring during the award period, including past/existing mentorship activities with the applicant, how the mentor can contribute to the applicant’s scientific and professional independence, and the time commitment the mentor is willing to make.*
  2. *how the applicant’s proposed research is similar or different from primary mentor’s research.*
  3. *a plan transitioning the applicant from the mentored phase to be an independent CS at the end of the award.*
  4. *mentor(s)’ research qualifications and previous experience as a research supervisor / mentor.*

|  |
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1. **Mentor Statement of Support**

Mentor to provide not more than 1 page of support and why applicant deserves this NCSP award.

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|  |  |
| --- | --- |
| Shape  Description automatically generated with low confidence  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Mentor**  Name of mentor: | Click or tap to enter a date.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |

**Research Proposal**

*In no more than* ***5 pages*** *(page limit excludes the translation pathway, key performance indicators and reference section), summarise your research proposal and how you plan to achieve the objectives within the grant period and funding from the grant. Please ensure all hypotheses are testable. The proposal should include following sections.*

1. *Specific aims & Hypothesis*
2. *Background & Clinical Significance*
3. *Description and Impact*
4. *Preliminary Studies/Progress*
5. *Methods/Approach*
6. *Roles of Team Members*
7. *Key Performance Indicators (KPI)*
8. *References*

## I Specific Aims & Hypothesis

*State concisely and realistically what the study intends to accomplish and what hypothesis is to be tested.*

**II Background & Clinical Significance**

*Briefly sketch the background of the research proposed, critically evaluate existing knowledge and specifically identify the gaps which the project intends to fill.* ***State concisely the importance of the research described by relating the specific aims to both short term (3-5 years) and possible long term clinical implications****.*

**III Description and Impact**

*Give a concise description of how your research will contribute to:*

1. *Solving the health problem;*
2. *Developing new knowledge relevant to improving health;*
3. *Developing scientific and clinical applications; and*
4. *Developing knowledge in biomedical sciences and providing tangible improvements in healthcare*

**IV**  **Preliminary Studies/Progress**

Provide an account of the applicant’s preliminary studies (if any) pertinent to the applications and/or any other information that will help to establish the experience and competence of the applicant pursuing the proposed project.

**V Methods/Approach**

*Describe the following in detail (refer to Appendix 2 of Application Guide for the* ***statistical checklist*** *for study design):*

1. *Experimental design and the procedure,*
2. *Any new methodology and its advantage over existing methodologies,*
3. *Potential difficulties and limitations of the proposed procedures and alternative approaches to achieve the aims,*
4. *Any procedures, situations or materials that may be hazardous to personnel and the precautions to be exercised,*
5. *Statistical justification and the means by which data will be analyzed and interpreted.*

**VI Roles of Team Members**1

*Describe (in one paragraph each) the roles of the PI, Co-Investigators and Collaborators involved in the project.*

*Specify the research background, technical competencies, role and contribution to specific deliverables and achievements that are relevant and necessary to ensure success for the proposed research.*

1*Applicants are encouraged to collaborate with AI, Data Science and/or Technology talent where possible, and the necessary budget to engage these talents can be incorporated into the grant applications where needed/applicable.*

**VII Key Performance Indicators (KPIs)**

*Please fill in the proposed targets for the KPIs listed below.*

1. **Number of High Impact Publications and Top Conference Proceedings**

|  |  |
| --- | --- |
| **KPI Criteria** | **Target** |
| Number of Journal Publications (Top 10%) |  |
| Number of Journal Publications (Not Top 10%) |  |

**2. Post-graduate research related degree**

|  |  |
| --- | --- |
| **KPI Criteria** | **Target** |
| Successful completion of post-graduate research related degree | Name of Degree    Timeline |

**3. National Level Competitive Research Grant or Talent Award**

|  |  |
| --- | --- |
| **KPI Criteria** | **Target** |
| Application of national level competitive research grant or talent award | Name of Grant/Award    Timeline |

VIII **References**

*Please list the references in the order cited in this proposal, including the titles.*

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**NCSP Funding**

|  |  |
| --- | --- |
| ***Type of Funding Support*** | ***Annual Quantum*** |
| ***Grant Funding***   * *Manpower* * *Equipment & Consumables (OOE)* * *Training* | *$100K* |
| ***Award to Department***  *(for department discretion to be used as backfill up to 40%)* | *$80K*  *Flexibility to vire into Grant Funding*  *(with approval from HOD and mentor)* |
| ***Award to Mentor*** | *$20K*  *Flexibility to vire into Grant Funding*  *(in discussion with Mentor)* |

\*CS Academy reserves the right to award only one or two of these components

**Please provide the budget utilization plans using the tables below.**

**Amount indicated should be for the entire 2 years award.**

**Budget for Award to Department and mentor:**

|  |  |
| --- | --- |
| **Award to Department** | To be used for #clinical backfill:       % (Complete backfilling plans below)  To be used for ^department research activities. $  (Indicate amount and complete details below). If this is not completed, it is assumed that any balance amount from backfill will not be used.    Vire into grant funding $       (Indicate amount) |
| **Award to Mentor** | To be used by mentor $       (Indicate amount)  Vire into grant funding $       (Indicate amount) |

#Backfilling plans for the Applicant’s clinical work:

|  |
| --- |
|  |

^Department Research activities:

|  |
| --- |
|  |

**Budget for Grant Funding:**

Please submit the budget for grant funding in the table below. **Do note that any unutilised budget in each FY cannot be rolled over and will be clawed back.** Subsequent grant variations (after budget approval) will have to be applied using NCSP’s grant variation application form with approval by HOD and Mentor.

**Important Note:**

* Every financial year starts from 1 April to 31 March of the following year.
* For Jun Grant Calls, the award period starts from 1 Oct and ends on 30 Sep two years later. Funding will spread over 3 financial years. E.g.,
  + FY2024: 1 Oct 2024 – 31 Mar 2025
  + FY2025: 1 Apr 2025 – 31 Mar 2026
  + FY2026: 1 Apr 2026 – 30 Sep 2026
* For Dec Grant Calls, the award period starts from 1 Apr and ends on 31 March two years later. Funding will spread over 2 financial years. E.g.,
  + FY2024: 1 Apr 2024 – 31 Mar 2025
  + FY2025: 1 Apr 2025 – 31 Mar 2026

**Double-click on the following excel to input your budget:**

\* PI who allocated overseas travel expenses for conferences must be a speaker or presenting a poster at the conference on a topic relevant to the research project under the award. Please indicate this in the description.

**Request for CS Academy** **Research Concierge Services:**

CS Academy Research Concierge service supports CS-es who does not have administrative support from department. Support service serves as a helping hand to the PIs prior to forming their own research teams. Services may include:

1. Grant Management and Finance
   1. Procurement of equipment and consumables
   2. Reimbursement of publication fees, conference, course fees, etc.
   3. Tracking of grant funding expenses
   4. Grant virement/extension
   5. Payment and transfer of funds
2. Clinical Research Coordination
   1. IRB / IACUC / OSHE admin
   2. Research Agreement
   3. Maintenance of equipment and consumables
   4. Study Meeting Coordination and Report submission
   5. Subject Recruitment
   6. Database Management (on RedCAP)
   7. Study Documentation and Protocol Management

Subject recruitment

|  |
| --- |
| I would like to request for Research Concierge Services \*  I do not need Research Concierge Services |

Important note:

\* Candidates who are not under any TRPs may apply for Research Concierge Services.

\* The review panel will assess suitability of candidates who request for the service.

**\*** Research Concierge Services is complementary for approved candidates.

**Justification for requiring Research Concierge Services:**

|  |
| --- |
|  |

**Other Attachments**

*This Other Attachment document consists of Sections I, II and III.*

*- Section I: Signatories*

*- Section II: Other Support*

*- Section III: Supporting Documents*

**Section I: Signatories**

**Title of Research:**

|  |
| --- |
|  |

In signing the document, the Principal Investigator and all Co-Investigator(s) & Collaborator(s) UNDERTAKE, on any Award, to:

1. Declare that all information is accurate and true
2. Declare that the Full Time Equivalent (FTE) as selected upfront in the application will be committed to research during the period of funding.
3. Not send similar versions or part(s) of this proposal to other agencies for funding.
4. Submit supporting documents of ethics approval obtained from the relevant Institutional Review Board (IRB) and Animal Ethics Committee for studies involving human subjects/human tissues or cells, and animal/animal tissues or cells respectively, and the clinical trial certificate, before any funding can be confirmed.
5. Be actively engaged in the execution of the research and comply with all laws, rules and regulations pertaining to safety, animal and human ethics, including the Singapore Guidelines for Good Clinical Practice.
6. Ensure that NCSP funding is acknowledged in all publications and presentations.
7. Ensure that the requested equipment/resources are not funded by another agency or research proposal.
8. Ensure that there is a reasonable effort in accessing available equipment/resources within the host institution or elsewhere within Singapore.
9. Adhere to NCSP Terms and Conditions.
10. Ensure that there is no financial conflict of interest.

*The undersigned agree to abide by the terms and conditions governing the award of funding set out by the funding agency*

**Team Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** | **Role** | **Institution** | **Signature** |
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**Section II: Other Support**

*Please provide the following details for the support held/holding or applied for by the Applicant as* ***Principal Investigator (PI)*** *only. Attach additional pages if necessary.* ***Please attach the scientific abstracts of the grants (a)-(c) listed below as Annex A for Panel’s reference.***

***Missing abstracts/attachments will render this application incomplete.***

**(a) Support from industry partner(s)**

*Please provide details on the funding/drug(s) or other resources provided by any participating industry partner(s) that the PIs have existing collaboration with.*

*Please attach the scientific abstract of each grant and any additional information in* ***Annex A****.* *If there are* ***overlapping sections with the current proposal,*** *please also elaborate in Annex A.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items Supported** | **Source of Support** | **Form of Support** | | **Support Period**  (MMM YYYY – MMM YYYY) |
| **In-Kind1** | **Cash Contribution2**  (SGD) |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |

Please delete as appropriate

2 Please specify amount

**(b) Funding Received as PI including competitive and non-competitive grants (from local and foreign funding agencies)**

*Please attach the scientific abstract of each grant awarded and any additional information in* ***Annex A****.* *If there are**overlapping sections with the current proposal, please also elaborate in Annex A.*

*If information changes after the award, please inform CS Academy.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Research**  (If NMRC/NHIC-funded, indicate project number) | **Funding Programme and Agency** | **Amount of Funding**  ($) | **Support Period**  (MMM YYYY – MMM YYYY) | **Any Overlapping Sections with Current Proposal?** |
|
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |

**(c) List all grants applied for (e.g. NMRC, NRF, A\*STAR, MOE, Clusters, etc) where outcome is pending**

*Please indicate all the grants applied where the applicant is involved as PI.*

*Please attach the scientific abstract of each grant and any additional information in* ***Annex A****.* *If there are overlapping sections with the current proposal,* *please also elaborate in Annex A.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title of Research**  (If NMRC/NHIC-funded, indicate application ID) | **PI’s Role in project** | **Funding Programme and Agency** | **Amount of fund applied**  ($) | **Support Period**  (YYYY –YYYY) | **Any Overlapping Sections with Current Proposal?** |
|  |  |  |  |  | Yes  No |
|  |  |  |  |  | Yes  No |
|  |  |  |  |  | Yes  No |
|  |  |  |  |  | Yes  No |

**Annex A**

*Please provide scientific abstract for each grant listed in above sections (a)-(c) below. If there are overlapping sections with the current proposal, please elaborate.*

|  |
| --- |
|  |

**Section III: Supporting Documents**

1. **CHECKLIST OF ITEMS**

*The following checklist below is for your easy reference to ensure that all supporting documents and information are provided.*

***Documents:***

|  |  |
| --- | --- |
|  | Copy of Ethics Approval for project proposed (if available) |
|  | Biological sketches of PI and team members using the CV templates provided – Info of the PI, mentor(s), co-investigator(s) and collaborator(s) with the email addresses and contact information clearly stated |

# DEPARTMENTAL COMMITMENT

*Describe the actions in the table below that will be taken to ensure that the Applicant commits to Full Time Equivalent (FTE) in research as declared e.g., reduction of clinical activities and administrative assignments. Describe how the necessary facilities, resources and infrastructure will be made available for the proposed research and career enhancement of the applicant.*

|  |  |
| --- | --- |
| **Types of resources/actions** | **Description** |
| Availability and location of lab space (In sq meters) |  |
| Specify the access to facilities & equipment |  |
| Reduction of clinical duties and  administrative assignments |  |
| Career enhancement of the Applicant |  |
| Others; please specify |  |

# STATEMENT OF SUPPORT AND ENDORSEMENT BY HEAD OF DEPARTMENT

*Please provide a statement of support by the department for the applicant to undertake research upon any Grant Award. You may include a testimony of the applicant’s suitability for the award and the department’s plan for grooming the applicant towards a career in research. For resident applicant, please also provide support and endorsement by Program Director.*

|  |
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*Please note the following requirements and responsibilities of the endorsing party.*

|  |  |  |
| --- | --- | --- |
| **By Head of Department**    In signing the NCSP Application, the Head of the Department UNDERTAKES, on any Grant Award, to:   * Provide appropriate institutional support to the Applicant during the grant period to allow the fulfilment of research goals and milestones   Read, support and agree to this application and the research proposed being carried out in the Department  Ensure that the study complies with all laws, rules and regulations pertaining to animal and human ethics, including the Singapore Good Clinical Practice guidelines  Ensure that all necessary licenses and approvals have been obtained or are being sought   |  |  | | --- | --- | | Shape  Description automatically generated with low confidence  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Head of Department**  Name of HOD: | Click or tap to enter a date.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** | |