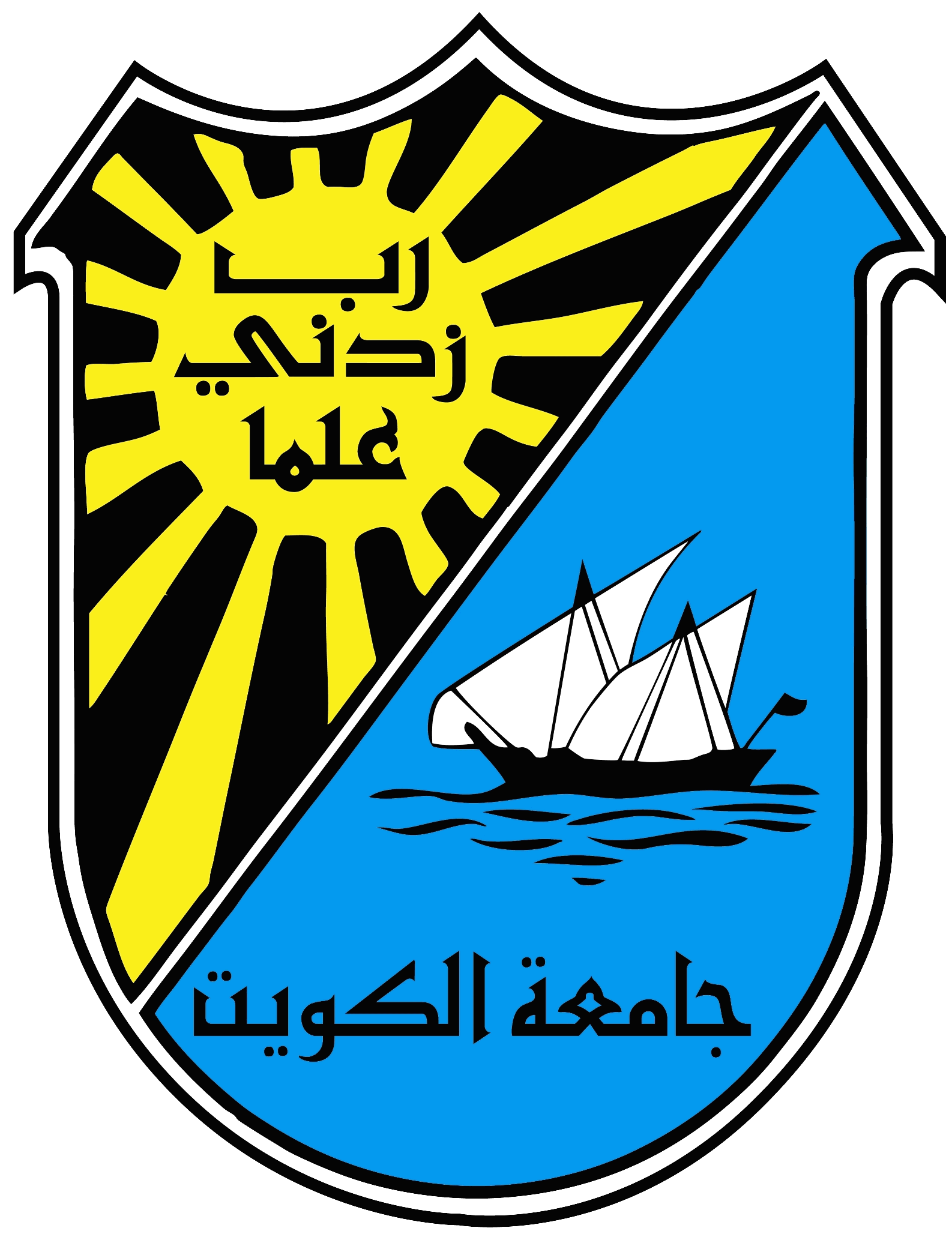
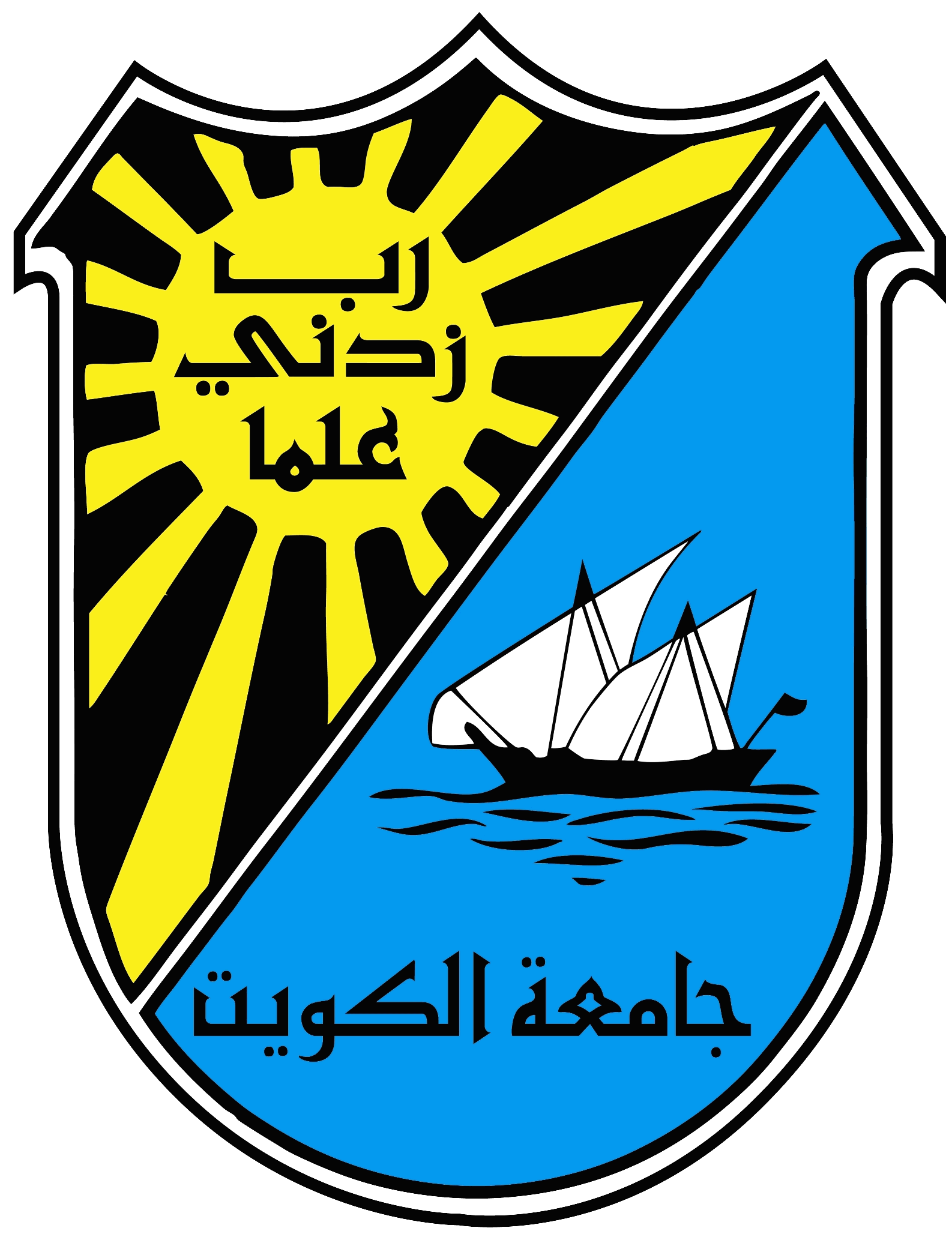


Research Sector

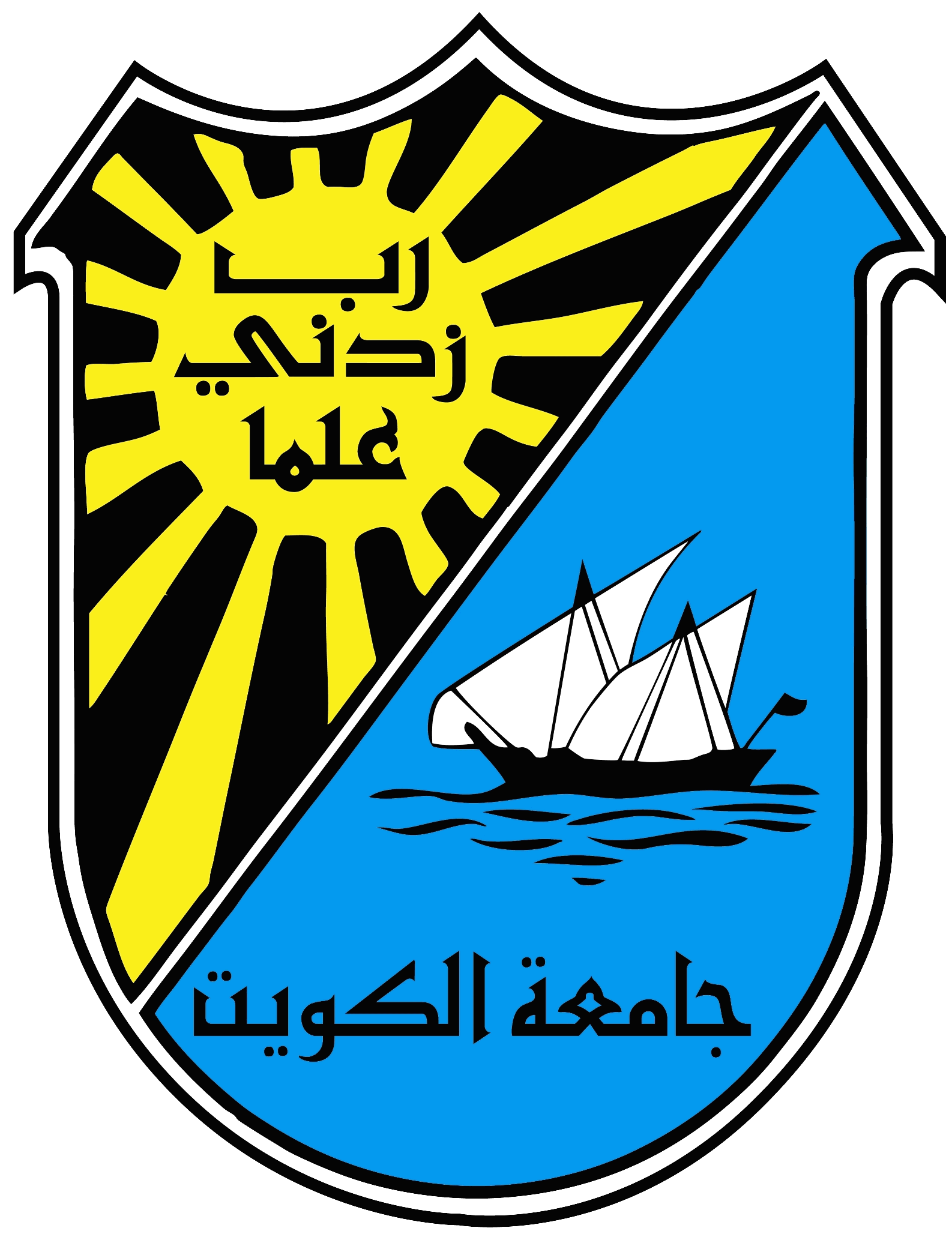
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Specialized Research Unit and Laboratories Project**  **Annual Report**  **Referee Evaluation Form** | | | | | | |
| **Rating Scale :**  1. Poor (1-17) 2. Average (18-20) 3. Good (21-23)  4. Very Good (24-26) 5. Excellent (27-30)  (***Select an appropriate number that correctly indicates your evaluation, and place this number under the appropriate box with respect to each of the items below)***. |  | 1 | 2 | 3 | 4 | 5 |
|  | Maximum Score 30\* | | | | |
| SRUL Project :  No. | | Rating Scale | | | | |
| Review Items | | 1 | 2 | 3 | 4 | 5 | |
| 1- To what extent has the equipment been accessible for research needs/  requirement for the period of evaluation? | |  |  |  |  |  | |
| **Your Comments:** | | | | | | |



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2- Has the SRUL project budget been appropriately utilized? | 1 | 2 | 3 | 4 | 5 | |
|  |  |  |  |  | |
| **Your Comments:** | | | | | |
| 3- To what extent has the facility contributed to research productivity, and is  the productivity rate appropriate? | 1 | 2 | 3 | 4 | 5 | |
|  |  |  |  |  | |
| **Your Comments:** | | | | | |



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4- Is the equipment being fully/ optimally utilized by the Dept/Faculty/  others. Your suggestions for additional function that can be  accomplished ? | 1 | 2 | 3 | 4 | 5 | |
|  |  |  |  |  | |
| **Your Comments:** | | | | | |
| 5- How far has the project met its stated objectives/ functions? | 1 | 2 | 3 | 4 | 5 | |
|  |  |  |  |  | |
| **Your Comments:** | | | | | |



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6- Your views about continuing support to this G.F. project in terms of the  equipment's utility/ importance, and in terms of funds requested. | | 1 | 2 | 3 | 4 | 5 | |
|  |  |  |  |  | |
| **Your Comments:** | | | | | | |
|  | **Total Score =** | | | | | |
| **Final Comment on Funding** Recommend (reason/specify)  Do Not Recommend (reason/specify)  **Evaluator’s** (Signature) …………………………. Date …………………... | | | | | | |

\*Use extra sheets if necessary