

CERTIFICATION

THIS IS TO CERTIFY	that	ELSIE	E	. SALAM	NAT
newly appointed Associated	ciate P	ofusor I			in the
(position/d	lesignation)			
Department/Office ofPa	est M	anagemen	t	·	
actually reported for duty on		inuary)15	
				ually report	ed)

Signature of Department/Office Head