

Date: _____

POSTDOCTORAL RESEARCH CERTIFICATION

Name: _____

File Number: _____

Program: **Postdoctoral Fellowship (FRQSC)**

NIP: _____

I hereby certify the presence of Mr./Ms. _____ at the following institution, _____, where he/she will work full-time on his/her postdoctoral research for a maximum period of 2 years (duration of the fellowship), starting on _____. I recognize that he/she can also carry out his/her postdoctoral research in his/her co-supervision host environment, if applicable.

I will inform the Fonds if Mr./Ms. _____ leaves the institution (except in the case of co-supervision), no longer works full-time on his/her research or interrupts his/her fellowship.

(Signature)
Supervisor's details
Name: _____
University: _____
Address: _____

Instructions: Print out the form, have it signed by your supervisor and send it in your ePortfolio under "Manage my funding / Reporting - situation and required documents".