

Date: _____

POSTDOCTORAL RESEARCH CERTIFICATION

Name: _____

File Number: _____

Program: **Postdoctoral Fellowship (FRQSC)**

NIP: _____

I hereby certify the presence of _____ at the following institution, _____, where he/she will work full-time on his/her postdoctoral research throughout the duration of the fellowship, starting on _____. I recognize that he/she can also carry out his/her postdoctoral research in his/her co-supervisory environment, if applicable.

I will inform the Fonds if _____ 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)

Contact details of the person supervising the postdoctoral fellowship in the current host environment

Name: _____

University: _____

Address: _____

Instructions: Please have the form signed by the person supervising the postdoctoral fellowship in the current host environment and upload it in your e-Portfolio under "Manage my funding / Reporting - situation and required documents". **Certificates received more than 2 weeks prior to the research start date will not be accepted.**