
POSTDOCTORAL RESEARCH CERTIFICATION

Name: _____

File Number: _____

Program: **Bourses de recherche postdoctorale (FRQSC)**

NIP : _____

This is to certify that _____ will be working full time on his postdoctoral research at the _____ for 2 years, effective _____ .

I will inform the Fonds, if _____ leaves, or no longer works full time on her research.

(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". The download box is at the bottom of the page.