

SECTION 1 – POSTDOCTORAL FELLOWS INFORMATION					
Employee I.D. number (mandatory)					
S.I.N.					
Family Name			Given Names		
Gender	Female	Male	Date of Birth	YYYY / MM / DD	
Address					
Telephone No.		Internal Address		Internal Tel. No.	

SECTION 2 – RESEARCH PROJECT INFORMATION				
Name of Faculty mentor/supervisor (Please print)				
Trainee Type - Canadian or Permanent Resident	Postdoctoral 77320			
Trainee Type - Foreign or International	Foreign Postdoctoral 7732F			
Grant account number				
Granting Agency				
Total amount of fellowship	Annual		OR Period	
Start date	YYYY / MM / DD		End date	YYYY / MM / DD

NATURE OF TASK TO BE PERFORMED

SECTION 3 – ATTESTATION
<p>I hereby confirm that the purpose of this fellowship is to enhance the above-mentioned individual's research qualifications towards a</p> <p style="text-align: center;">PDF appointment certificate _____ in the field of _____</p> <p style="text-align: center;"><small>(Name of degree / scholastic recognition / research thesis)</small></p> <p>I confirm that the working relationship will be solely that of a mentor/supervisor to a trainee and that there will be no other tasks, clerical or other, required from this trainee in the course of the project.</p> <p>I understand that it is my responsibility to ensure that the payment of fellowships is allowable by the granting agency.</p>

SIGNATURES		
Faculty mentor/supervisor		YYYY / MM / DD
PDF Trainee		YYYY / MM / DD
Department Chair		YYYY / MM / DD