



OWSD Early Career Fellowship

SELF-CERTIFICATION FORM

Date _____

I, _____, applicant for the OWSD Early Career Fellowship, certify that I was not able to submit the official:

PROOF OF RESIDENCE

I confirm that I have been a resident in _____ for ___ years.

PROOF OF EMPLOYMENT

SUPPORTING STATEMENT OF HEAD OF APPLICANT’S INSTITUTE

Other (please specify): _____

in time for the application deadline due to the following reason(s):

By signing this document, I agree that, if nominated for the OWSD Early Career Fellowship, I commit to provide the official document (selected above) upon request and in due time or else I will be disqualified from receiving the OWSD Early Career Fellowship.

I understand and acknowledge that falsifying any of the above information will automatically disqualify me from being eligible for the OWSD Early Career Fellowship.

Signature _____

Applicant Full Name _____

NB: Any documents that provide proof that the applicant has tried to obtain the official documents (e.g. confirmation of university closure, email exchanges with university/administrative offices, any official notice from the government) should be uploaded together with this form.