OWSD Early Career Fellowship

SELF-CERTIFICATION FORM

Date

I, not able to submit the office	, applicant for the OWSD Early Career cial:	Fellowship, ce	ertify that I was
PRO	OOF OF RESIDENCE		
I co	I confirm that I have been a resident in		years.
PR	ROOF OF EMPLOYMENT		
SUI	PPORTING STATEMENT OF HEAD OF APPLICANT'S IN	STITUTE	
Oth	her (please specify):		
in time for the applicati	on 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.