**Organization for Women in Science for the Developing World (OWSD)**

# 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.*