Natural Sciences and Engineering Research Council of Canada
Conseil de recherches en sciences naturelles et en génie du Canada

NSERC CRSNG

NSERC
350 Albert Street
Ottawa, Ontario
K1A 1H5
Canada

Form E-3
Confirmation of Commencement Date
(Visiting Fellowships in Canadian Government Laboratories)

Return to NSERC

*The **supervisor** and the **Fellow** must complete and return this form to NSERC as soon as the Fellow reports to the laboratory.*

Date	PIN	Application ID

Social Insurance Number (NSERC must receive this number before payments can be issued.)

Fellow's family name	Fellow's first name

Fellow's mailing address (for T4A form)

Supervisor's Statement

I hereby confirm that Dr. _____ started his/her fellowship in my laboratory on _____. His/her e-mail address is _____.
Date

I also confirm that the funds allocated for the current fiscal year have been, or are being transferred to, NSERC and recommend that payments of the fellowship be made in accordance with the Payments and Allowances section of the *Visiting Fellows Award Holder's Guide*.

I shall immediately report to NSERC any changes in the nature or delivery of Dr. _____'s research activities.

A summary of accomplishments (Form E-6) will be forwarded to NSERC following the completion of the first nine months of the fellowship, at which time I will inform NSERC whether this fellowship is to be renewed.

Supervisor _____ | _____ | _____
(Signature) *Printed name* *Date*

Fellow's Statement

Health insurance requirements

Note: The award will not be paid until the requirements are met.

I confirm that all requirements for registration under a provincial health plan have been satisfied for myself and my family (where applicable).

Coverage is effective as of _____.
Date

☐ I have subscribed to private health insurance for myself and/or my family (where applicable).

I hereby request that payments of my fellowship be made in accordance with the Payments and Allowances section of the *Visiting Fellows Award Holder's Guide.*

Fellow _____ _____
(Signature) *Date*

Departmental Coordinator's signature	Organization code	Reference code