



**AMS Healthcare
2025 Postdoctoral Fellowship Award – Signature Page**

Project title

Applicant Details

Name	<input type="text"/>
Job title	<input type="text"/>
City	<input type="text"/>
Email	<input type="text"/>

Credentials	<input type="text"/>
Host Institution	<input type="text"/>
Province	<input type="text"/>
Phone	<input type="text"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

I am a Canadian citizen or permanent resident.

I will commit at least 75% of my time to the research fellowship role proposed in this application.

I have completed or expect to complete all PhD requirements by the end of December.

I have completed all requirements for the PhD within three (3) years prior to the Submission Deadline of this award.

Signature **Date**

Host Institution

Name	<input type="text"/>
Job title	<input type="text"/>
City	<input type="text"/>
Email	<input type="text"/>
Signature	<input type="text"/>

Credentials	<input type="text"/>
Host Institution	<input type="text"/>
Province	<input type="text"/>
Phone	<input type="text"/>
Date	<input type="text"/>

I have the authority to bind the institution.

Supervisor

Name	<input type="text"/>
Job title	<input type="text"/>
City	<input type="text"/>
Email	<input type="text"/>
Signature	<input type="text"/>

Credentials	<input type="text"/>
Sponsor Institution	<input type="text"/>
Province	<input type="text"/>
Phone	<input type="text"/>
Date	<input type="text"/>

Other team members

Name		Credentials	
Job title		Sponsor Institution	
City		Province	
Email		Phone	
Project role			
Signature		Date	

Name		Credentials	
Job title		Sponsor Institution	
City		Province	
Email		Phone	
Project role			
Signature		Date	

Name		Credentials	
Job title		Sponsor Institution	
City		Province	
Email		Phone	
Project role			
Signature		Date	