



Vaadia-BARD Postdoctoral Fellowship
Guidelines and Regulations for Applicants and Recipients

PD Semi-Annual Declaration

Vaadia-BARD Fellowship No. _____

Name of Postdoctoral Fellow _____

Name of Mentor _____

Host Institution _____

We hereby certify that the research of the fellowship is being carried out in my laboratory and in accordance with the approved research and budget agreement.

Signature of Fellow _____

Signature of Mentor _____

Date _____