**Postfellowship Confirmation (One-Year Fellowship)**

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| |  |  |  | | --- | --- | --- | | **Candidate** | First Name/s: |  | |  | Nationality: |  | |  | Email: |  | |  |  |  | |  | Subspeciality: |  | | Family Name: |
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| **Present Chair** | Full Name and Acronym: |  |
|  | Institute: |  |
|  | Department: |  |
|  | City and Country: |  |
|  | Email Address: |  |

Please use the space below to comment on why this candidate should be awarded an IOFF-One Year Subspecialty Fellowship, if not yet mentioned in the Present Chair’s recommendation.  
What is the fellowship’s relevance to the candidate’s home institution and country?   
What are the plans upon the fellow’s return to his/her country of origin?   
Since when is the candidate working in your institute? In what position?  
What are his/her work responsibilities?  
Please comment on the candidate’s work performance.