**FORM “A”**

**Attn: MAGNIFICO RETTORE DELL’UNIVERSITA’ DEGLI STUDI DI PERUGIA**

**Ripartizione Didattica**

**Area: Didattica e Formazione post-Laurea**

**P.zza Università, 1 – Perugia 06100**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (province/district of) \_\_\_\_\_\_ ), on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (province/district of \_\_\_\_\_\_ ), street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
postcode/ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, email \_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEREBY ASK**:

to be admitted to the selection as per Call for Applications for No.\_\_\_\_ Research Grants, for research activity collaborations at a division of the Università degli Studi di Perugia, issued with D.R. No. \_\_\_\_on \_\_/\_\_/20\_\_, and that I be allowed to participate in the selection for the project entitled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, person in charge: Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

**To this end I declare, under my own responsibility, in accordance (and for all legal intents and purposes) with articles 46 and 47 of the D.P.R. (President of the Republic’s Decree) No. 445/2000 that:**

1. I am a citizen of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
2. My contact address for all communications regarding this selection is:

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (province/district\_\_\_\_\_\_), street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Postal Code/ZIP \_\_\_\_\_\_\_\_\_\_\_\_ Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. I have a University Diploma in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ obtained in accordance with the regulations in force before the afore-mentioned Ministerial Decree 509/1999, as modified by D.M. 270/2004, or Specialization Degree/Master’s Degree, awarded on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with a final grade of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
2. I hold a PhD in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ obtained on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and that:

|  |  |  |
| --- | --- | --- |
| I have benefited from a scholarship for no. \_\_\_\_ years; |  | I have not benefited from a scholarship |

b) I am currently attending the PhD course in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, since the A.Y. \_\_\_\_\_\_/\_\_\_\_\_\_, at the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and that:

|  |  |  |
| --- | --- | --- |
| I am benefiting from a scholarship since the A.Y. \_\_\_\_\_\_\_; |  | I am not benefiting from a scholarship |

1. I cannot benefit from any provisions granting preference when there is equal merit between two or more candidates, as per art. 7 of the Call;
2. I can benefit from provisions that grant preference where there is equal merit between two or more candidates (see art. 7 of the Call), due to the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I declare that I have been a Research Grant recipient for no. \_\_\_\_\_\_\_ years, in accordance with Law 240/10;
2. I declare that no relatives of mine, also by law, up to the fourth degree – included – of kinship hold a position as a professor or researcher working in the division requesting the activation of the research grant, or as the Rector, Vice Rector, one of the Rector Deputies, General Director or member of the Academic Senate or the Board of Governors of this University
3. That I commit to timely inform this university of any changes in my address or contact information as indicated in the application.

**Furthermore I, the undersigned, include the following attachments to the application:**

* + Declaration regarding the academic qualifications (Specialization Degree/Master’s Degree or equivalent title obtained before the Ministerial Decree D.M. 509/1999 came into force), the title of PhD (if pertinent) and the qualifications as per art. 5 of the Call, by means of the attached declaration (**Form “B”)**;
  + Only for candidates who have been awarded a foreign degree, application for equivalency **(Form “A/1” attached to the Call)**;
  + Any publications or other qualifications as per art. 5 of the Call, either in original or notarized copy or in accordance (and for all legal purposes) with D.P.R. 28.12.2000 no. 445/2000, by means of the attached declaration **Form “B”)**;
  + Titles that provide a preference when there is equal merit between two or more candidates, in accordance with D.P.R. 28.12.2000, no. 445/2000, by means of the attached declaration **Form “B”)**;
  + A photocopy of a currently valid identity document;
  + Scientific-professional curriculum (resume), attached to **Form “B”)**.

I, the undersigned, declare to be aware that this University Administration assumes no responsibility and shall not be liable in case contact is not possible between the parties (whether for the impossibility to reach the candidate, wrong address or failure on the candidate’s part to timely inform this university of any changes in his/her address or contact information). Furthermore, this Administration shall not be liable in the case that communications are impeded due to postal, telegraphic or technical hurdles or those caused by a third party, a fortuitous occurrence or circumstances beyond one’s control causing the impossibility to deliver this application.

I, the undersigned, commit to timely inform this university, by means of a registered letter with receipt notification, of any changes in my address or contact information as indicated in the application that may occur after submission.

I, the undersigned, declare that I am aware of the penal sanctions in which I would incur should the declarations be untrue, mendacious or contain false data, in accordance with article 76 of the D.P.R. 28.12.2000 no. 445.

I, the undersigned, declare that I am aware of the contents of article 75 of the D.P.R. 28.12.2000, no.445 regarding the relinquishment/loss of any benefits resulting from the action that would follow in the case that, after performing background checks and verifications, the Administration were to find mendacious and false contents in the above-mentioned declaration.

I, the undersigned, according to the D.Lgs. 196/2003 (Code of Regulations on the Protection and Processing of Personal Data) declare that I am aware that my personal data will be treated and used by the University for institutional purposes and in respect of the principle of pertinence.

Date, \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

**Form “A/1”**

**(REQUEST FOR EQUIVALENCY TO AN ITALIAN ACADEMIC DEGREE)**

**To the Selection Committee**

I, the undersigned (surname and name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (province/district of \_\_\_\_\_\_) on (Date of birth dd/MM/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (province/district of \_\_\_\_\_\_), street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Postcode/ZIP\_\_\_\_\_\_\_\_\_\_ Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address:\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Fiscal Code ,

**Contact address chosen for the purposes of this selection:**

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (province/district of \_\_\_\_\_\_),

Street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Postcode/ZIP \_\_\_\_\_\_\_\_\_\_\_ Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*HEREBY FORMALLY REQUEST*

***The recognition of the equivalency* to an Italian degree of my academic qualification obtained abroad, for the sole purposes of the admission to the Research Grant Call for Application entitled:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For this purpose, please find attached the following documents:

*(Please attach the documentation that is to be examined by the Selection Committee to ascertain the equivalency. Said documentation must be translated in Italian and approved by the pertinent Italian consulate/diplomatic representation where the Degree has been awarded, in accordance with the laws in force regarding the admission of foreign students to University Degree courses held at Italian universities)*

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM “B” of D.R. no.**

**SELF-CERTIFICATION STATEMENT**

**(Art. 46 of D.P.R. 28.12.2000, no. 445)**

**SELF-DECLARED AFFIDAVIT**

**(Art. 47 of D.P.R. 28.12.2000, no.445)**

I, the undersigned:

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(for women please indicate maiden name)

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(province/district \_\_\_\_\_\_\_\_\_\_\_)

on (Date of birth dd/mm/yyyy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(province/district \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

street adress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no.\_\_\_\_\_\_

In accordance with art. 46, 47 and 38 of the D.P.R. 28.12.2000 No. 445 and under my own responsibility

**DECLARE**

1- That what is stated in the Scientific-professional curriculum, attached to the present declaration, is based on factual content and is true

2- To possess the following academic qualifications, as per art. 5 of the Call:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**That the following documents, presented in photocopy, conform to the original:**

………………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………….

I, the undersigned, declare that I am aware of the penal sanctions in which I would incur should the declarations be untrue, mendacious or contain false data, in accordance with article 76 of the D.P.R. 28.12.2000 no. 445.

I, the undersigned, declare that I am aware of the contents of article 75 of the D.P.R. 28.12.2000, no.445 regarding the relinquishment/loss of any benefits resulting from the action that would follow in the case that, after performing background checks and verifications, the Administration were to find proof of mendacious and false contents in the above-mentioned declaration.

I, the undersigned, according to the D.Lgs. 196/2003 (Code of Regulations on the Protection and Processing of Personal Data) declare that I am aware that my personal data will be treated and used by the University for institutional purposes and in respect of the principle of pertinence.

**I, the undersigned, attach a photocopy of my currently valid Identity Document. (footnote 1).**

(Place and date)

The declarer (signature) ……………………………………………………………. (footnote 2)

**Notes for guidance:**

(1) A photocopy of a currently valid identity document is mandatory. Omitting to attach said photocopy will result in the declaration being considered null and void.

(2) The signature (legible full name) is mandatory. The omission of the aforementioned signature will result in the declaration being considered null and void.