Annex A to D.R. (Rector’s decree) no.

(APPLICATION)

Al Magnifico Rettore dell’Università
degli Studi di Perugia
Ufficio Concorsi
P.zza dell’Università, 1
06123 PERUGIA

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___________

Contact address chosen for the purposes of this Call for Applications:
City__________________________ (province/district of ____________)
street address ____________________________
postcode/ZIP __________
telephone number____________________ e-mail address________________________
certified e-mail address (PEC) __________________________

HEREBY FORMALLY REQUEST

to participate in the selection for the admission to the doctorate PhD course in:

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) 28.12.2000 no. 4451:

a) ☐ that I am a citizen of ____________________________
b) ☐ that I have an adequate knowledge of the Italian language (see footnote2)
c) ☐ that I have a degree in ____________________________

awarded on (conferral date dd/mm/yyyy) ____________
by the University of ____________________________
with a final grade of ____________________________

1 IN THE EVENT THAT THE BOXES ON THE APPLICATION FORM ARE NOT CORRECTLY VISUALIZED WHEN PRINTING OUT THE APPLICATION, CANDIDATES ARE STILL REQUIRED TO FILL IN ALL THE DECLARATIONS BY PLACING AN “X” NEXT TO THE LETTER PERTAINING TO THEIR SITUATION.

2 (only for foreign citizens from countries within or outside the European Community, in the event that it is not possible to carry out the tests in a language different from Italian, in accordance with the indications in Appendix 1): Mark the box ☐ with an “X”
Applicants who have a qualification obtained abroad must present an application for equivalence to the examining Commission in charge, said equivalence to be considered valid solely for the purposes of this selection, as indicated in Annex A/1.

OR

- that I haven’t yet graduated but I am about to obtain, by October 31, 2015, a degree in ____________________________ awarded by the University of ____________________________

on (indicate the expected conferral date dd/mm/yyyy)____________________

d) that I choose, for the purposes of the language test to be taken during the interview, the following foreign language___________________________(see footnote3)

e) that I wish to take the selection tests in a foreign language (only for the PhD courses for which this is applicable) ____________________________ (see footnote4)

f) that I wish to be interviewed via videoconferencing, thereby indicating the following valid contact details for this purpose___________________________(see footnote5)

g) that I am aware of my duty to immediately communicate any changes in my residence or in the address that I have indicated as the contact address for all communications regarding this selection (see footnote6)

h) that I wish to apply for a reserved place, holding the following necessary requirements: ____________________________(see footnote7)

i) that I do not have a formally certified disability

OR

- for disabled applicants: I hereby declare that I am disabled/have a specific learning disability and thus require the following:

- in accordance with articles 16 and 20 of Law no.104/1992, as modified by Law no.17/1999, special assistance/aids to carry out the tests, in the following forms:___________________________

- in accordance with Law no.170/2010 with reference to specific learning disabilities, to be granted the following extra time to take the tests___________________________(footnote8)

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3 (only for those candidates applying for PhD courses for which, in accordance with the indications in Appendix 1 of the Call for Applications, it is possible to choose among more than one foreign language): Mark the box ☑️ with an “X” and specify the foreign language for the purposes of the foreign language test at the interview.

4 (only for the PhD Programs that allow candidates to be tested in a language different from Italian, to be chosen among those specified in Appendix 1): Mark the box ☑️ with an “X” in case you want to sit for the interview in a language different from Italian.

5 (only for the doctorate PhD courses for which, in accordance with the indications in Appendix 1 of the selection announcement, it is possible to be interviewed via videoconferencing): Mark the box ☑️ with an “X” if you wish to be interviewed via videoconferencing and indicate a valid contact detail for this purpose.

6 Mark the box ☑️ with an “X”.

7 (only for the doctorate PhD courses for which, in accordance with the indications in Appendix 1 of the Call for Applications, there are available reserved places): Mark the box ☑️ with an “X” and indicate proof of holding the requirements for the reserved places as indicated in Appendix 1 of this Call.
j) ☐ that I give my consent, should the Administration receive motivated request to access the records and official documents regarding the present procedure and the undersigned is the person against whom the request is made, to being sent in digital form via email, at the email address indicated in the present application, in accordance with article 3 of the D.P.R. 184/2006, of the copy of the access request withstanding the possibility to challenge, with a rightful motivation, said request, also by email, within 10 days after having received the afore-mentioned communication (footnote 9)

k) ☐ that I accept all of the terms and conditions contained within the Call for Applications (footnote 10).

Furthermore I, the undersigned, include the following attachments to the application (footnote 11)

- 1. Currently valid ID document__________________________________________________________
- 2. Form “B”________________________________________________________________________
- 3. Form “C” – Curriculum Vitae________________________________________________________
- 4. Receipt of payment of € 60,00________________________________________________________
- 5. ___________________________________________________________________
- 6. ________________________________________

I, the undersigned, declare to be aware of the following:

1. That the administration assumes no responsibility and shall not be liable for any postal or telegraphic delays or hurdles or in any occasion arising from an incorrect/missing indication of the address by the applicant or from failure on the candidate’s part to timely inform this administration of any changes in his/her address or other contact information.

2. Of the penal sanctions in which the undersigned would incur in case of false declarations or those that contain data that no longer correspond to the truth, as foreseen by article 76 of the D.P.R. 28.12.2000, n. 445.

3. 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 is to be issued in the case that, following verification, the Administration were to find proof of false content in the above-mentioned declaration.

4. That, after four months from the publication on the University online billboard of the decree stating the approval of the competition procedures (the deferral period for judicial Terms/limitation period is not to be considered), and within the following two months, provided that no litigations or controversies are in progress, the candidates can collect the certificates and publications sent to the University of Perugia. After this period has passed the Administration will proceed to delete the above-mentioned documents from its archives.

The above-mentioned documentation can be returned directly to the applicant or by authorized proxy, according to article 11 of the Call for Applications.

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8 Fill in these fields only if the disability/specific learning disability is certified by a medical certification attesting also the kind of assistance/extra time needed; see art.3 of the Call for applications for details on how to present the mandatory medical certifications.

9 Mark the box ☐ with an “X”

10 Mark the box ☐ with an “X”

11 Indicate the documents attached to the application and required by article 3 of the Call for Applications.
Should the Administration, at any stage of the selection proceedings, request it, the undersigned commits to certify the declarations reported in the admission application, under his/her own responsibility and with the appropriate documentation as provided for by the law.

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 data will be used by the University for institutional purposes and in compliance with the principle of pertinence.

Place and date ______________________

Signature ______________________________
Annex A/1 to the D.R. no. 
(REQUEST FOR EQUIVALENCY TO AN ITALIAN ACADEMIC DEGREE)

TO THE EXAMINING BOARD OF THE
DOCTORATE PhD COURSE IN
........................................................................................................................................
........................................................................................................................................
UNIVERSITA' DEGLI STUDI DI PERUGIA

I, the undersigned (surname and name)______________________________
born in ______________________ on (Date of birth dd/MM/yyyy)________________
resident in _______________________________________________ in the province/district of _________
street address____________________________________________________________
Postcode/ZIP_________
Telephone number________________ E-mail address:____________________________
certified e-mail address (PEC) ____________________________________________

Contact address chosen for the purposes of this competitive exam/selection:
City________________________________________ province/district of ________________
Street address _____________________________________________________________
Postcode/ZIP __________
Telephone number________________ E-mail address:____________________________
certified e-mail address (PEC) ____________________________________________

HEREBY FORMALLY REQUEST

The recognition of the equivalency to an Italian degree of my qualification obtained abroad, for the sole purposes of the admission to the Doctorate PhD course in:________________________________________________________

For this purpose please find attached the following documents:
...........................................................................................................................................(footnote12)

Place and date __________________

Signature______________________________________________

12 (indicate the Degree that is attached, either the original certificate or an authenticated photocopy, along with an official translation in Italian and certified (where necessary) by the competent representing Italian diplomatic bodies or Italian consular authority abroad and a declaration regarding the evaluation called: “Dichiarazione di Valore” of the qualification obtained abroad provided by the competent representing diplomatic bodies or consular authority abroad.)
Annex B of D.R. no.

SELF-CERTIFICATION STATEMENT

SELF-DECLARED AFFIDAVIT

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.______

DECLARES
-TO HAVE THE FOLLOWING QUALIFICATIONS:

_____________________________________________ ____________________________
_____________________________________________ ____________________________
_____________________________________________ ____________________________

LIKEWISE DECLARES
- that the documents that follow, presented in photocopy, conform to the original 13

________________________________________________________

Finally DECLARES
- that what is stated in the C.V. is based on factual content and is true14

The undersigned declares to be aware of the penal sanctions in which he/she 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.
The undersigned declares to be 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.
The undersigned, according to the D.Lgs. 196/2003 (Code of Regulations on the Protection and Processing of Personal Data) declares that he/she is aware that his/her personal details will be treated and used by the University for institutional purposes and in respect of the principle of pertinence.

The undersigned attaches a photocopy of his/her Identity Document. If the Identity document has expired, according with article 45 of D.P.R. 445/2000, the candidate must declare at the bottom of the photocopy of the ID that the data indicated in it have not changed since its date of issuance.

______________________
(place and date)

Signature_______________________________________

13 Provide a detailed list of the documents (e.g. scientific publications, degree thesis, or other qualifications) which are presented in photocopy.

14 Only declare this if the Curriculum Vitae is presented.
Annex C to D.R. (Rector’s decree) no.

EUROPEAN CURRICULUM VITAE FORMAT

PERSONAL INFORMATION

Name
[ SURNAME, other name(s) ]
Address
[ House number, street name, postcode, city, country ]
Telephone
Fax
E-mail

Nationality

Date of birth
[ Day, month, year ]

WORK EXPERIENCE

• Dates (from – to)
• Name and address of employer
• Type of business or sector
• Occupation or position held
• Main activities and responsibilities

EDUCATION AND TRAINING

• Dates (from – to)
• Name and type of organisation providing education and training
• Principal subjects/occupational skills covered
• Title of qualification awarded
• Level in national classification (if appropriate)
PERSONAL SKILLS AND COMPETENCES
Acquired in the course of life and career but not necessarily covered by formal certificates and diplomas.

OTHER LANGUAGES

• Reading skills
• Writing skills
• Verbal skills

SOCIAL SKILLS AND COMPETENCES
Living and working with other people, in multicultural environments, in positions where communication is important and situations where teamwork is essential (for example culture and sports), etc.

ORGANISATIONAL SKILLS AND COMPETENCES
Coordination and administration of people, projects and budgets; at work, in voluntary work (for example culture and sports) and at home, etc.

TECHNICAL SKILLS AND COMPETENCES
With computers, specific kinds of equipment, machinery, etc.

ARTISTIC SKILLS AND COMPETENCES
Music, writing, design, etc.

OTHER SKILLS AND COMPETENCES
Competences not mentioned above.

DRIVING LICENCE(S)

ADDITIONAL INFORMATION
[ Include here any other information that may be relevant, for example contact persons, references, etc. ]

ANNEXES
[ List any attached annexes. ]
I, the undersigned (surname and name) hereby declare that this Curriculum Vitae states only true and factual content, according with articles 46 and 47 of D.P.R. 445/2000. I also declare to be 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. Additionally, I also declare to be aware 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 hereby attach, for this purpose, a copy of a currently valid ID document.

..............................................
(Place and date)

..............................................
Signature 15

The signature (handwritten) is mandatory. The omission of the aforementioned signature will result in the declaration being considered null and void.
I hereby confirm that on today’s date Mr./Ms. ________________________________
handed in their application to participate in the public selection for the admission to the
Doctorate PhD course in ________________________________
- XXXI cycle - Academic Year 2015/2016 – of the University of Perugia.

Perugia,

Stamp of the Protocol Office
and initials of the official who receives the application