Annex A to D.R. (Rector’s decree) no. del

(Application)

Attn: 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/domicile chosen for the purposes of this competition:
City________________________(province/district of _______________)
street address__________________________________________________________
postcode/ZIP________
telephone number_____________ e-mail address________________________________
certified e-mail address (PEC) ____________________________________________

HEREBY REQUEST

to participate in the selection competition 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. 445:

a) ☐ that I am a citizen of _______________________________________________
b) ☐ that I have an adequate knowledge of the Italian language (see footnote)
c) ☐ that I have a University 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 specifications detailed in Appendix 1) : Mark the box ☐ with an “X”
(Applicants who have obtained a qualification 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 detailed in Annex A/1)

OR □ that I haven’t yet graduated but I am about to obtain, by **October 31, 2018**

a degree in ____________________________________________
awarded by the University of ____________________________________________
on (indicate the expected conferment date - dd/mm/yyyy) ________________

d) □ that I know, for the purposes of the language test to take place during the interview, the following foreign language ____________________________________________ (see footnote 3)
e) □ that I wish to take the selection tests in a foreign language (only for the PhD courses for which this is applicable) ____________________________________________ (see footnote 4)
f) □ that I wish to be interviewed via videoconferencing, thereby indicating the following valid contact details for this purpose ____________________________________________ for the following reason ____________________________________________ (see footnote 5)
g) □ that I commit 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 footnote 6)
h) □ that I possess the required qualifications to compete to a reserved place in that: ____________________________________________ (see footnote 7)
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: ____________________________________________

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 to be tested during the interview

4 (only for 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 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 and the reason for your request.

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 positions): 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.
- 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)

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 (footnote9)

k)☐ that I accept all of the terms and conditions contained within the Call for Applications (footnote10).

Furthermore I, the undersigned, include the following attachments to the application (footnote11)
- 1. Identity document________________________________________________________
- 2. Form “B”_______________________________________________________________
- 3. Form “C” – Curriculum Vitae_____________________________________________
- 4. Receipt of payment of €30,00______________________________________________
- 5. ________________________________________________________________
- 6. ________________________________________________________________

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

1. That this administration assumes no responsibility and shall not be liable for any postal or telegraphic delays or hurdles, regardless of the fact that they are caused by a third party, a fortuitous occurrence or circumstances beyond one’s control (force majeure) 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, no. 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

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 submit the mandatory medical certifications.
9 Mark the box ☐ with an “X”
10 Mark the box ☐ with an “X”
11 List the documents attached to the application and required by article 3 of the Call for Applications.
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.

*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) and the Regulation UE 2016/679, 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. del
(REQUEST FOR EQUIVALENCY TO AN ITALIAN ACADEMIC DEGREE)

TO THE EXAMINING BOARD OF THE PhD COURSE IN

UNIVERSITÀ 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 ___________
TelephoneNumber ____________________________ E-mail address: ____________________________
certified e-mail address (PEC) ____________________________

Contact address/domicile 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:

_____________________________________(footnote 12)

Place and date ____________________________

Signature ____________________________

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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. del

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 following documents, submitted in photocopy, conform to the originals  
_____________________________________________  
_____________________________________________  

Finally DECLARES  
- that what is stated in the C.V. is based on factual content and is true  
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) and the Regulation UE 2016/679, declares that he/she is aware that his/her personal data will be processed and used by this 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 submitted in photocopy.
14 Only declare this if the Curriculum Vitae is submitted.
Annex C to the D.R. (Rector’s Decree) no. del

EUROPEAN CURRICULUM VITAE FORMAT

PERSONAL INFORMATION

Name
Address
Telephone
Fax
E-mail
Nationality
Date of birth

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 organization 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.

MOTHER TONGUE

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.

[Specify language]

[Specify mother tongue]

ORGANIZATIONAL 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.

[Describe these competences and indicate where they were acquired.]

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

[Describe these competences and indicate where they were acquired.]

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

[Describe these competences and indicate where they were acquired.]

OTHER SKILLS AND COMPETENCES
Competences not mentioned above.

[Describe these competences and indicate where they were acquired.]

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 to the Curriculum Vitae.]

[ ]
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

15 The signature (handwritten) is mandatory. The omission of the aforementioned signature will result in the declaration being considered null and void.
(This part is to be filled out in case the application form, along with the pertinent documentation, are handed in directly to the Archives and Protocol Office - "Ufficio Archivio e Protocollo" of this University)

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 ____________________________ - XXXIV cycle - Academic Year 2018/2019 – of the University of Perugia.

Perugia,  

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