Annex A to D.R. (Rector’s decree) no. 1344 del 10 GIU 2019

(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 __________
te 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 footnote2)
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, 2019**
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 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________________________________________ for the following
reason__________________________________________________________________(see footnote5)
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 footnote6)
h) ☐ that I possess the required qualifications to compete to a reserved place in that:
_____________________________________________________________(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:______________________________________________________________

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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 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__________________________________________(footnote 8)

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. 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.

The undersigned, in accordance with Regulation (EU) 2016/679 and Leg. Dec. 2003/196, as last amended by Leg. Dec. 2018/101, declares to be aware that his/her personal data will be handled by the University for institutional purposes and in respect of the principle of pertinence.

Place and date ____________________________

Signature  _______________________________________
Annex A/1 to the D.R. no. del 1344 del 10 GIU 2019

REQUEST FOR EQUIVALENCY TO AN ITALIAN ACADEMIC DEGREE

TO THE EXAMINING BOARD OF THE 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/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_________________________________________

12 (indicate diploma attached, in the original and authenticated copy, accompanied by its official and legalized (where necessary) translation in Italian by the competent Italian diplomatic representatives or consulates abroad, and, alternatively, the certificate of comparability of the foreign degree issued by CIMEA-NARIC ITALIA, or the “dichiarazione di valore” (declaration of value) of the foreign degree issued by the competent Italian diplomatic representatives or consulates abroad.)
Annex B of D.R. no. 1344 del 10 GIU 2019

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____________________________________

DECLARES

-TO HAVE THE FOLLOWING QUALIFICATIONS:

___________________________________________________________________________
___________________________________________________________________________

___________________________________________________________________________

LIKEWISE DECLARES

- that the following documents, submitted in photocopy, conform to the originals 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, in accordance with Regulation (EU) 2016/679 and Leg.Dec. 2003/196, as last amended by Leg. Dec. 2018/101, declares to be aware that his/her personal data will be handled 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 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.

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.

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 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

\[15\] The signature (handwritten) is mandatory. The omission of the aforementioned signature will result in the declaration being considered null and void.