

ANNEX A to D.R.

(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:

**ECONOMICS – INSTITUTIONS, BUSINESSES AND QUANTITATIVE METHODS
(INTERNATIONAL AND INDUSTRIAL PhD)**

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:

- to be children and orphans of members of the Gestione unitaria delle prestazioni creditizie e sociali and retired members of the gestione dipendenti pubblici;**
- that I am a citizen of _____
- that I have an adequate knowledge of the Italian language (see footnote²)
- that I have a University degree in _____

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"

awarded on (conferral date dd/mm/yyyy) _____

by the University of _____

with a final grade of _____

(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, 2020**

a degree in _____

awarded by the University of _____

on (indicate the expected conferment date - dd/mm/yyyy) _____

that I know, for the purposes of the language test to take place during the interview, the following foreign language _____ (see footnote³)

that I wish to take the selection tests in a foreign language _____ (see footnote⁴)

that for the purpose of being interviewed via videoconference I hereby indicate the following valid contact details _____ (see footnote⁵)

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)

that I possess the required qualifications to compete for a reserved place, namely : _____ (see footnote⁷)

that I do not have a formally certified disability

OR

for applicants with disabilities: 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 Mark the box with an "X"

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)
 - 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)
 - 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" _with _ Self-certification of the requisite held _____
- 3. Form "C" – Curriculum Vitae_____
- 4. Further qualifications or titles:_____

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

- 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.
- 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.
- 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.
- 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.

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 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" OF D.R.

(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:

_____ (footnote¹²)

Place and date _____

Signature _____

¹² (indicate diploma attached, in the original or 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.

**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)**

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 address _____ no. _____

DECLARES

to be children and orphans of members of the Gestione unitaria delle prestazioni creditizie e sociali and retired members of the gestione dipendenti pubblici and precisely to be in the following condition: _____

-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" OF D.R.

EUROPEAN CURRICULUM VITAE FORMAT



PERSONAL INFORMATION

Name [SURNAME, FIRST NAME, and, if applicable, 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) [Add separate entries for each relevant post occupied, starting with the most recent.]
- Name and address of employer
 - Type of business or sector
 - Occupation or position held
- Main activities and responsibilities

EDUCATION AND TRAINING

- Dates (from – to) [Add separate entries for each relevant course you have completed, starting with the most recent.]
- 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

[Specify mother tongue]

OTHER LANGUAGES

[Specify language]

- Reading skills
- Writing skills
- Verbal skills

[Indicate level: excellent, good, basic.]

[Indicate level: excellent, good, basic.]

[Indicate level: excellent, good, basic.]

SOCIAL SKILLS

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

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

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

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

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

AND COMPETENCES

*With computers, specific kinds of
equipment, machinery, etc.*

ARTISTIC SKILLS

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

AND COMPETENCES

Music, writing, design, etc.

OTHER SKILLS

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

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

.....

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