

- To hold (for specific Sectors) the Medical Graduate School Degree in _____ obtained on (dd/mm/yyyy) at the University of (Town, Country) _____, (duration in years : _____)
- 6) To hold the following qualifications: participation to Italian 2° level University Master Courses, post-degree courses in Italy or abroad, participation to advanced courses, organisation of scientific meetings, periods spent at Italian and foreign scientific institutions (specify) (e);
 - 7) Not to be in the conditions of incompatibility pursuant to art. 11 of the announcement (f);
 - 8) To have or not have benefited from previous research fellowship grants pursuant to art. 22 of the Law 30/12/2010 n. 240 for the duration _____;
 - 9) To have been or not the holder of fixed-term research contracts pursuant to art. 24 of the Law 30/12/2010 n. 240 for the duration of _____;
 - 10) to possess adequate knowledge of the Italian language (for EU citizens and non-EU citizens);
 - 11) to possess knowledge of a the following foreign language: _____
 - 12) (certified by certificate of level B1 or verified during the interview)
 - 13) to renounce or not to waive the legal terms of notice provided for the conduct of the interview

The undersigned also declares to be the bearer of the following disability _____ and to require, for the conduct of the interview, the following aid: _____.

The undersigned wishes that the communications relating to the selection in question be sent to the following address _____ Town, _____, Country _____, Zip Code _____ (Phone _____ cell. _____ e-mail _____), relieving the University Administration of any responsibility for the dispersal of communications due to incorrect indication of the address by the candidate or the failure or late communication of the change of the address indicated in the application, as well as for any postal or telegraphic errors or errors dependent on third parties, by chance or force majeure.

The undersigned declares to have read and to be aware of all the prescriptions, as well as of all the modalities and conditions of admission contained in the announcement.

Attachments to the application form:

- Original of the receipt of payment referred to in art. Three of the competition announcement;
- Scientific and professional curriculum pursuant to arts. 46 and 47 of the D.P.R. 445/2000 duly signed;
- numbered copies of the scientific works with relative list;
- Declaration relative to the enclosed publications, subject to the obligations established by law;
- Declaration relative to other attachments (copies), subject to the obligations established by law;

- Self certification
- copy of the identity document and tax code (if any);
- any declaration certifying the renunciation of the legal terms of notice.

The undersigned also declares to give consent for the use, communication and dissemination of his personal data for processing related to the completion of selection procedures

Date _____

SIGNATURE

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- a) Indicate if Italian or foreign citizen;
 - b) Indicate the reasons for being not registered in electoral lists
 - c) If any, indicate the convictions reported, the judicial authority that issued them or the criminal proceedings in progress. The indication must be made even if amnesty, etc. have been granted;
 - d) The degree must have obtained the necessary equivalence within the deadline for submission of the application for participation in the selection, pursuant to art. 3 of this announcement, candidates holding the qualification obtained abroad that has not been declared equivalent, must expressly request a declaration of correspondence, only for participation in the selection and attach the documents required by current regulations to allow the aforementioned statement in question by the selection Committee;
 - e) Qualifications obtained abroad (PhD or medical specialization) must be accompanied by a certified Italian translation and legalization by the authorities of the country issuing the title (except in the case of exemption under international agreements and conventions) Each qualification must also be accompanied by the "Declaration of value" issued by the Italian diplomatic representation in the country where the qualification was obtained
 - f) otherwise indicate the type of incompatibility

DECLARATION

(art. 46 D.P.R. 28.12.2000 n. 445);

The undersigned _____

Born on __/__/__ (dd/mm/yyyy) in _____ (Town, Country)

Resident in (Town, Country) _____, Address _____ Zip code _____,

Aware of the responsibility and penalties established by law for false claims and false declarations, under his personal responsibility

DECLARES

To be born on __/__/__ (dd/mm/yyyy) in _____ (Town, Country) _____)

to be resident in _____ (Town, Country), Address: _____ n. _____ Phone: _____

to be _____ citizen

to be registered in the electoral lists of _____ (Town, Country)

to hold the following tax code (if any) _____

to have no criminal convictions or to have ongoing criminal proceedings

to hold the following degree (please, specify):

to hold a PhD or a Medical Specialisation:

“please, list for every declared degree, the date, place and mark obtained”

to have benefited from previous research fellowship grants pursuant to art. 22 of the law 240/2010, for a total of _____ months

to have already been the holder of fixed-term research contracts (if any) pursuant to art. 24 of Law 240/2010. (Comma 3, letter a) , for a total of _____ months

to have already been the holder of fixed-term research contracts (if any) pursuant to art. 24 of Law 240/2010. (Comma 3, letter b) , for a total of _____ months

____ to possess the following other qualifications:

Place and Date _____

Signature

To the President of the Selection Committee

Object: renunciation of the legal terms of notice.

The undersigned _____, applicant for the public selection procedure based on qualifications and interview, for the assignment of n. 1 research fellowship grant for collaboration in research activities (Type B) D.R. n. _____ of __/__/____ (dd/mm/yyyy), published on __/__/____ (dd/mm/yyyy)

Scientific -disciplinary area |____| Scientific Sector (SSD): |_____|

Department: _____

Title of the research: _____

Scientific Director of the Project: _____

DECLARE

My renunciation of the legal terms of notice for the oral examination related to the above mentioned selection procedure

Palermo, __/__/____ (dd/mm/yyyy)

(Signature)