

Application form

ALLEGATO 1

All'Università degli Studi di Palermo
Area Ricerca e Innovazione
U.O. Assegni di Ricerca
Piazza Marina n. 61
90133 PALERMO

The undersigned (name, surname) _____

Born in (town, country) _____, on (dd/mm/yyyy) _____

residing in (town, country) _____

Address _____ Zip code _____

Tax code (if applicable) | | | | | | | | | | | | | | | | | |

With reference to the public selection based on qualifications and interview, Rector's Decree
no _____ of _____ (dd/mm/yyyy)

Asks

to be admitted to the selection for the award of the research contract specified below:

Scientific sector (SSD): | _____ | GSD: _____

Department: _____

Head of Research _____

The undersigned declares as follows:

- 1) to be _____ citizen (a);
- 2) to be registered in the electoral lists of (Town, Country) _____ (b)
- 3) to have no criminal convictions or ongoing criminal proceedings. (c)
- 4) is physically fit for employment;
- 5) is in compliance with the rules concerning the compulsory military service for persons born up to 1985
(for male citizens);
- 6) to hold a PhD in _____, obtained on
(dd/mm/yyyy) at the University of (Town, Country) _____,
(administrative headquarters)(d);

- 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) candidates holding a diploma obtained abroad must make an appropriate request for it to be recognized as equivalent only for the purpose of participation in the selection procedure by the Selection Board and attach the documents required by the applicable legislation To enable the selection board to make such a statement;

- 7) 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 : _____) ;
- 8) is/is not enrolled in the third year of the PhD course or in the last year of the medical specialization course and the qualification is expected to be obtained within six months after the publication of the call for selection;
- 9) that it does not meet the conditions of incompatibility set out in Art. 2 of the notice (e);
- 10) have adequate knowledge of the following English language (specify if certified by B1 certificate).

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:

- Project proposal submitted with reference to the research programme selected;
- 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);

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

e) if not, indicate the type of incompatibility. _____

**-DECLARATION RELATIVE TO THE ENCLOSED PUBLICATIONS, SUBJECT TO THE
OBLIGATIONS ESTABLISHED BY LAW (art. 47 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

That the publications listed below comply with the relevant Laws and regulations (L. 15 April 2004 n. 106, D.P.R. 3 May 2006 n. 252 and Decree of the Minister for Cultural Heritage and Activities of 28.12.2007):

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Place and date

Signature

DECLARATION RELATIVE TO OTHER ATTACHMENTS (COPIES), SUBJECT TO THE OBLIGATIONS ESTABLISHED BY LAW, (art. 47 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

That the documents and scientific works listed above, namely n. _____ attachments, they are true and complete copies of the originals.in his/her possession:

[illegible]

Place and date

Signature

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 be physically fit for employment;

☐ to be in compliance with the rules concerning the conscription obligations for those born up to 1985
(for male citizens);

☐ to have the following qualifications required for access to the selective procedure:

☐ to have previously carried out the following activities (indicate research activities undertaken as
well as any work experience in relation to the contents of the research programme being
selected).

☐ to hold the following additional qualifications.

Place and Date _____

Signature