**ATTACHMENT “A”**

**Application form (on plain paper)**

**To the RECTOR**

Università degli studi di Camerino

Piazza Cavour 19/F

62032 CAMERINO (MC)

ITALY

I, the undersigned (Surname and First Name) ………………………………………………………………… Place of birth ………………………….…… Date of birth ………….…………… Citizenship ……………..

Place of residence ………………………………… Address …………………………….. Postcode …………… Province (if in Italy) ……….…….. Country (if other than Italy) ….………….…………………...………

Telephone number ………………………………e-mail …………………………………………….……..

**DECLARE UNDER MY OWN RESPONSIBILITY**

1. citizenship .........................…………..;
2. EU and Overseas citizens must also declare to enjoy full rights as citizens in the state of origin or provenance, or reasons for failing to enjoy them and to have a good command of the English language;
3. to have a clean criminal record and not to have any pending lawsuits;
4. to have been awarded a master’s degree in ................................................……... on (date) ……............……… at the University of ................................................................. with the final grade of ..............……………... Title of the dissertation …………………………………. under the supervision of Professor (Surname and First Name) ………………………….. granting access to doctorate studies;
5. not to have been awarded any other scholarship, fellowship or research grant. Candidates commit themselves to resign them, in case of their being successful in this selection procedure;
6. to be physically fit for the job;
7. starting at the date of obtaining the above-mentioned degree, to be in first 4 years (full-time equivalent\*) of my research career)
8. not have resided in the country where the research training activities take place for more than 12 months in the 3 years immediately prior to the recruitment date and not have carried out their main activity (work, studies, etc.) in the country;
9. Domicile............................ (city, number, street, and postcode, tel. ................................................ );
10. Overseas candidates: tax identification number, social security number or national identification number ..................................;
11. to authorize the University of Camerino to publish my curriculum on its website;
12. not to have a family relationship or other degree of kinship up to the 4th degree with professors belonging to the School Council, the Rector, The General Director, or a member of the University Board of Directors.

Attachments to the application form:

1. two copies of a dated and signed curriculum vitae, **(**to be sent also by email to: [laura.lesti@unicam.it](mailto:laura.lesti@unicam.it));
2. all documents and qualifications deemed relevant to the purposes of the selection procedure and the related numbered list;
3. undergraduate level certificate(s):
   1. in original or in copy, certified by Italian authorities, legalized and accompanied by a sworn official translation\*\*;
   2. including university grades and the detailed list of university courses with grades.

Or a photocopy of the undergraduate level certificate(s) translated into Italian or English (see art. 2 of the Announcement);

1. a copy of a valid identity document;
2. a copy of the tax identification number (national identification number, social security number etc.);
3. a copy of the receipt for the payment of € 20.00.

Date, ……………………..

Signature

***\*****full-time equivalent means the research experience measured from the date when the above-mentioned degree granting access to doctoral studies was obtained (irrespective of whether or not a doctorate is or was ever envisaged). Any periods of part-time activity in research should be translated into full-time experience (e.g. 3 years half time = 1,5 years full-time). Please note that the applicant may be asked to produce evidence of this experience at any stage.*

***\*\*****The candidate acknowledges that the Selection Committee must accept the diploma for the sole purpose of the admission to the procedure and that the selected candidate may be required to provide the official translation and a legal recognition of his/her qualification, required by the national Law of the Host Institution.*

**ATTACHMENT “B1”**

* **SELF-DECLARATION AS SUBSTITUTIVE OF DOCUMENTS**

**(art. 46, D.P.R. 445/2000)**

I, the undersigned

SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(married women must declare their maiden name)

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TAX IDENTIFICATION NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE\_\_\_\_\_ COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF RESIDENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE\_\_\_\_\_

COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***in full awareness that any untruthful statement made herein will entail sanctions laid down in the Criminal Code and the special laws applied in this matter (art. 76, D.P.R. 445/2000),***

HEREBY DECLARE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in full awareness that any untruthful statement made herein will entail sanctions laid down in the Criminal Code and the special laws applied in this matter (D.P.R. 445/2000, art. 76)

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT “B2”**

* **SELF-DECLARATION AS SUBSTITUTIVE OF ATTESTED AFFIDAVIT**

**(art. 19 and 47, D.P.R. 445/2000)**

I, the undersigned

SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(married women must declare their maiden name)

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TAX IDENTIFICATION NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE\_\_\_\_\_ COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF RESIDENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE\_\_\_\_\_

COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***in full awareness that any untruthful statement made herein will entail sanctions laid down in the Criminal Code and the special laws applied in this matter (D.P.R. 445/2000, art. 76)***

HEREBY DECLARE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pursuant to and in accordance with D.Lgs. 196/2003 I, the undersigned, declare to be aware that the collected personal data will be processed, also by ICT tools, exclusively for the purposes of the current selection procedure.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_