

ANNEX A

Template

**Direzione Generale
dell'Università degli Studi di Siena
Via Banchi di Sotto, 55
53100 – SIENA**

I, the undersigned _____ born in _____ on _____
Italian fiscal code (if applicable) _____ resident in (full address, including postal
_____ country _____, tel.

_____ ask to be admitted to the comparative selection procedure based on qualifications, public interview and an oral exam, for the recruitment of a fixed term Junior Research Associate, in accordance with article 24, comma 3, letter a) of Law no. 240/30.12.2010, for a three-year term – full time at the Department of Scienze Mediche Chirurgiche e Neuroscienze - Academic discipline MED/22 Vascular Surgery - Academic recruitment field 06/E1 Heart, Thoracic and Vascular Surgery Research Project "Definition of a screening protocol , treatment program and a risk score of patients suffering ischemic diabetic foot". Scientific Head Prof Carlo SETACCI, pursuant to Provision of the Registrar Index no. 1157/2015, Register no. 40425 dated 23.10.2015

To this end I declare that:

- 1) I am a/an _____ citizen;
- 2) I am on the electoral register of the Municipality of _____ (for Italian citizens) ⁽¹⁾;
- 3) I enjoy civil and political rights in my country of origin or residency (for foreign citizens) ⁽²⁾;
- 4) I have no criminal record ⁽³⁾;
- 5) I am in possession of the requisites specified in article 2 of the call and in particular of the academic qualifications indicated in Annex "B1";
- 6) my position concerning military service is _____ ⁽⁴⁾;
- 7) I am physically able to carry out the work in question;
- 8) I am not a retired or currently employed full or associate University professor or researcher;
- 9) I have no relationship of consanguinity or affinity up to and including the fourth degree with a professor employed at the Department or in the structure proposing the execution of the contract, or with the Rector, the Registrar or a member of the University Council;
- 10) my elected domicile for the purposes of the selection procedure is (full address) _____
_____ tel. _____
e-mail: _____, and I will give timely notice of any change in my contact details;

I, the undersigned, assuming full responsibility, declare that the statements above correspond to the truth and undertake to demonstrate their veracity in respect of the terms specified in this competition.

I enclose hereto:

- _____
- _____
- _____
- _____
- _____

Place and date _____

Signature _____

- (1) If you are not registered on or have been removed from the electoral register, indicate the reason(s) why.
- (2) If you do not enjoy such rights, indicate the reason(s) why
- (3) If you do have a criminal record, indicate the convictions received (also in the case of amnesty, remission, pardon) or criminal proceedings pending against you.
- (4) to be compiled only by male Italian citizens born in or before 1985.

N.B. Under Law no. 104 of 5 February 1992, disabled candidates must explicitly request any assistance or devices required in relation to their special needs, or any additional time needed to take the examinations in the comparative selection procedure.

ANNEX B1

UNIVERSITY OF SIENA
Declaration in lieu of certification
(art. 46 Presidential Decree no. 445 of 28.12.2000)

I, the undersigned _____ born in _____ on _____ resident in (full address) _____ country _____ Postal code _____

- being aware of the penalties established by the Italian Criminal Code and by specific laws concerning those who make false declarations, as stated in art. 76 of Presidential Decree no. 445 of 28 December 2000 and subsequent amendments;

- also being aware of the possibility of losing any benefits gained as a consequence of provisions issued on the basis of false declarations, under art. 75 of Presidential Decree no. 445 of 28 December 2000 and subsequent amendments

DECLARE

- that I was awarded the qualification of* _____ on _____ from the Faculty/Department of _____ of the University of _____ with a final mark of _____
- that I was awarded a PhD in _____ on _____ from the University of _____
- that I was awarded _____

that the information provided in my application and curriculum vitae corresponds to the truth, pursuant to the regulations on declarations in lieu of certification, as set forth in art. 46 of Presidential Decree no. 445/2000

*** Applications for the comparative selection procedure are accepted from EU and non-EU candidates in possession of a PhD or equivalent completed in Italy or abroad, or a diploma of medical specialization in the relevant area(s). Preference will be given to those in possession of a doctoral degree or equivalent. Pursuant to art. 29, parag. 13 of law 240/2010, until the year 2015 an Italian second cycle degree (*Laurea magistrale*) or equivalent is considered valid for participation in this procedure, when accompanied by suitable scientific and professional experience which qualifies candidates to carry out the research activities.**

I also declare that I have been informed, pursuant to and in accordance with art. 13 of Legislative Decree no. 196 of 30 June 2003, that the personal data I provide will be processed, including with the use of IT tools, exclusively within the scope of the procedure for which this declaration is made, or in related procedures, within the time limit set by the law in force. I further declare that I am aware of my rights in relation to the use of my personal data, pursuant to art. 7 of Legislative Decree no. 196/2003.

Place and date _____

The declarant

This declaration does not require a revenue stamp (art. 37 comma 1 DPR 445/2000).

ANNEX B2

UNIVERSITY OF SIENA

Declaration in lieu of certification

(art. 46 Presidential Decree no. 445 of 28.12.2000)

I the undersigned, _____ born in _____
on _____ resident in (*full address*) _____
city _____ country _____ postal code _____

- being aware of the penalties established by the Italian Criminal Code and by specific laws concerning those who make false representations, as stated in art. 76 of Presidential Decree no. 445 of 28 December 2000 and subsequent amendments;
- also being aware of the possibility of losing any benefits gained as a consequence of provisions issued on the basis of false declarations, under art. 75 of Presidential Decree no. 445 of 28 December 2000 and subsequent amendments

DECLARE

- **that the copies of documents, qualifications and publications enclosed with this application are true copies of the originals;**
- **that all declarations made on the application form and in my curriculum vitae are true, in accordance with the regulations on declarations in lieu of affidavit as set forth in art. 47 of Presidential Decree 445/2000.**

I also declare that I have been informed, pursuant to and in accordance with art. 13 of Legislative Decree no. 196 of 30 June 2003, that the personal data provided will be processed, including with the use of IT tools, exclusively within the scope of the procedure for which this declaration is made, or in similar procedures, within the time limit set by the law in force. I further declare that I am aware of my rights in relation to the use of my personal data, pursuant to art. 7 of Legislative Decree no. 196/2003.

Place and date _____

The Declarant

For office use

Il/La Sig./a _____, della cui identità personale mi sono accertato
mediante _____, ha reso oggi in mia presenza la sopra riportata dichiarazione ed in mia
presenza l'ha sottoscritta.

Siena, _____

Firma del funzionario

- This declaration does not require a revenue stamp (art. 37, parag. 1, Presidential Decree no. 445/2000).

- The applicant must sign the form in the presence of the employee in charge (in this case the employee will sign the section reserved "For office use") or at another time. In the latter case the declaration must be sent to the University together with a photocopy of the applicant's valid identity card/passport (art. 38, parag. 3, Presidential Decree no. 445/2000).