

APPLICATION FORM for research grant selection procedure



THE RECTOR
UNIVERSITY OF SIENA

I, the undersigned (First Name/s) _____ (Surname) _____
born in _____ on ____/____/_____
resident in _____
ZIP/Postal code _____ City _____ Country _____
Italian tax code (please enclose photocopy) _____ phone no. _____
Cell/mobile phone no. _____ E-mail: _____@_____
SKYPE _____

ASK

To be admitted to the competition for no. ____ research grant(s) for an amount of € _____
for those in possession of (degree level and area) _____
to carry out research on the following topic: _____
_____ at (Department) _____ Scientist in Charge of the grant
(Tutor) Prof. _____
with reference to the call for applications issued with Rector's Decree/Provision of the Head of Administration Ref.
no. _____ Index no. _____ of _____

TO THIS END I DECLARE THAT:

(Presidential Decree no. 445 of 28/12/2000 as subsequently amended)

- **Any correspondence** should be sent to the following address (where possible, foreign citizens should indicate an address in Italy):
Street _____ n. _____
ZIP/Postal Code _____ City _____ Country _____ Tel. _____
Cell/Mobile no. _____ e-mail address _____@_____;
- **My nationality is** _____;

- **I am in possession of** a first cycle degree/second cycle degree (e.g. Master's/Laurea magistrale) in _____ (as specified in art. 1 of the announcement)
awarded on _____ with the grade _____ from the University of _____
title of my thesis _____;
- **I am not affected by** the situations of incompatibility mentioned in art. 2 of the abovementioned announcement, which would make it impossible for me to receive the grant, i.e.:
 - I *am / am not* (*) in possession of other grants for any purposes (if you DO have another grant, give title and period) _____;
 - I *do receive / do not receive* (*) other payment in the cases provided for by law (if you DO receive other payments, give details) _____;
 - I *have / do not have* (*) a current contract of employment;
 - I *have / do not have* (*) an intermittent work contract (if you DO have one, provide details and attach a copy for evaluation by the competent office) _____;
- **I also declare that** *am / am not* (*) enrolled on a Doctoral Research Programme at the University of _____ for the academic year _____ no. / cycle _____;
- **I do not have** a relationship of consanguinity or affinity up to and including the fourth degree with a professor employed at the Department proposing the activation of the grant, or with the Rector, the Registrar or a member of the University Council;
- **Only for students with disabilities.** Students with disabilities are considered as: those in possession of an invalidity certificate pursuant to art. 3 of law no. 104 of 5 February 1992, even with an invalidity of less than 66%; - those with a certificate pursuant to law no. 170 of 8 October 2010 – “New regulations concerning specific learning disorders in education”; EU and non-EU students in possession of a valid disability or specific learning disorder certificate issued in their country of origin;
- **I have a disability** and require the following type of aid/assistance if I am invited for interview _____
_____;
- **I will promptly inform** the University of any changes in the details provided above;
- **I undertake to provide**, should I be awarded a grant, a copy of any qualifications I possess;

I enclose the following documents:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

I, the undersigned, consent to the processing of my personal data, in compliance with legislative decree no. 196/2003, for the purposes of this selection procedure.

I, the undersigned, am aware that false representations are punishable, pursuant to the Italian Criminal Code and specific laws on the matter (art. 76 Presidential Decree 445/00).

Place and date, ___/___/___

THE DECLARANT

(*) cross out the version that DOES NOT apply