

**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 will be under** 35 years of age on the deadline stated in the announcement;
- 
- **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