

## RESEARCH GRANT APPLICATION FORM

**AL MAGNIFICO RETTORE  
DELL'UNIVERSITÀ DEGLI STUDI DI SIENA**

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

**Wish to participate in the selection process for no. \_\_\_\_ research grants 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 Decree of the Rector/Head of Administration 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 Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Tel. \_\_\_\_\_  
Mobile no. \_\_\_\_\_;
- **My nationality is** \_\_\_\_\_;
- **I am in possession of** a \_\_\_\_\_ 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 \_\_\_\_\_;
- **I am enrolled in a PhD course without grant on Telecommunications Networks with the University of Siena**
- **I will be under** 35 years old 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 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 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 and false documents or information are punishable, pursuant to the Italian and specific laws on the subject.

Place and date, \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Legible signature)