

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 in 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)