UNIVERSITÀ
DI SIENA
1240

TO THE RECTOR

THE UNIVERSITY OF SIENA

I, the undersigned, (*surname*)_____(*name*) _____

Italian fiscal code _____release date _____ (***mandatory***: attach a copy of the fiscal card)

as winner **in receipt of SCHOLARSHIP** of a **Doctoral Research position** in _____ cycle _____ for A.Y. 20_____/20_____

FOR THE PURPOSE OF INPS SOCIAL SECURITY CONTRIBUTIONS PURSUANT TO ART. 2, PAR. 25-32 OF LAW 335/1995 (WHICH ESTABLISHES *GESTIONE SEPARATA*)
DECLARE that

1.
    a. ☐ **I HAVE NOT exceeded**

the **INPS* contribution limit** (reassessed annually on the basis of the ISTAT index of consumer prices) and therefore authorize this administration to apply withholding tax. Should I exceed the limit, I undertake to inform the administration so as to stop its application and thereby save it from having to pay sums that are not due. Should I fail to do so, I will return the sum wrongly paid into my INPS separate national insurance and pension scheme as a result of my omission, pending reimbursement by the INPS itself

    b. ☐ **I HAVE exceeded**

the **INPS* contribution limit** (reassessed annually on the basis of the ISTAT index of consumer prices) and therefore kindly request that this administration not apply withholding tax. Should I not exceed the limit, I undertake to inform the administration so as to allow it to apply withholding tax and avoid non-compliance. Should I fail to do so, I shall repay the sum requested by the INPS due to my omission

(*€ 120.607,00 Circolare INPS n.26 del 30-01-2025)

2.
    a. ☐ I **HOLD**

mandatory social security coverage (***excluding Gestione Separata I.N.P.S L.335/95***) and/or an indirect pension or a surviving dependents' pension and am therefore subject to the **reduced rate** in force, **at** _____ (*indicate la name of the social security institute: e.g. ENPAM, biologists, lawyers, etc.*). Should my status change, I undertake to communicate the variations in order to allow the correct calculation of contributions.

    a. ☐ I **DO NOT HOLD**

mandatory social security coverage and/or an indirect pension or a surviving dependents' pension and am therefore subject to the **full rate** in force. Should my status change, I undertake to communicate the variations to the administration in order to allow the correct calculation of contributions.

3. I have submitted/will submit a self-declaration to the appropriate INPS (Italian National Social Security Institute) office (art. 2 c. 26 Law 335/1995).

Place and date, _____ **Signed** _____

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4. I **ALSO FREQUENT** a POSTGRADUATE SCHOOL in an area of MEDICINE and that the last salaried day according to my specialist training agreement is

_____

Place and date, _____ **Signed** _____

DATA FOR INCOME CERTIFICATION (not mandatory)

(pursuant to art. 4, par. 6-ter and 6-quater, of Presidential Decree no. 322 issued 22 July 1998)

Marital status: Single □   Married – civil union □   Divorced □

Legally and actually separated □   Cohabiting □   Widowed □

Spouse's details

Surname_____ Name _____

Born in _____ on _____

Italian fiscal code _____ (***mandatory***: attach a copy of the fiscal card)

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You are advised to read the above-mentioned notice carefully. You are informed that:
data shall be processed in accordance with the principles set out in art. 5 (lawfulness, propriety, transparency, proportionality, relevance, accuracy, minimization of processing, limitation of retention, etc.) for the purposes of this contract. To fulfil any formalities derived, data may be transmitted to third parties (e.g.: INAIL, Internal Revenue Agency, etc.);
the personal data Controller is the University of Siena, represented by the Rector;
the personal data Supervisor is Dott.ssa Chiara Silvia Armida Angiolini;
Data shall be collected and processed with the help of paper and IT instruments through procedures that guarantee safety and confidentiality, and shall be stored in paper and/or digital archives;
the interested parties can exercise their right in respect of the University, pursuant to articles 15 and ss. of the European Regulations. In particular, they are entitled to access their personal data and request its correction, integration, cancellation (the so-called "right to be forgotten") and limit its processing.
Having read carefully the notice on the processing of personal data published on the University portal under the section Privacy, I **AUTHORIZE** the University of Siena to process my personal data.

Place and date, _____ **Signed** _____