

## **ANNEX B**

### **APPLICATION FORM**

#### **The undersigned**

Surname \_\_\_\_\_  
Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Place of birth \_\_\_\_\_  
Country \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Tax Code \_\_\_\_\_  
Permanent address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Postal code \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
eMail \_\_\_\_\_  
PEC (compulsory) \_\_\_\_\_

#### **REQUESTS**

to be admitted to participate in the selective procedure for the admission to the PhD course referred to in  
the Call for application issued with Rector's Decree No. \_\_\_\_\_

To that end, aware of the criminal liability that it may incur in the event of a false declaration, pursuant articles 46 and 47 of DPR no. 445/2000,

#### **DECLARES\* :**

**To be in possession of the requirements referred to in article 3, paragraph 1, letter a) of the Call for application  
(Qualification obtained in Italy)**

University degree:  Laura Vecchio Ordinamento  Laura Specialistica  Laura Magistrale  
in \_\_\_\_\_

University \_\_\_\_\_  
achieved on \_\_\_/\_\_\_/\_\_\_\_\_ final mark \_\_\_\_\_/110.

**To be in possession of the requirements referred to in article 3, paragraph 1, letter b) of the Call for application  
(Qualification obtained abroad) and:**

To have the certificate of equivalence of qualifications issued by

\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_ (of which a copy is attached to this application form).

To NOT possess the certificate of equivalence of qualifications, thus the documents referred to in article 4, paragraph 3, letter i) of the Call for application are attached to this application form.

**To be in the condition referred to in article 3, paragraph 1, letter c) of the Call for application  
(Qualification to be obtained by 31/10/2021)**

thus a Self-Declaration of examinations sustained with final grades report and University Credits earned are attached to this application form.

To have an adequate knowledge of the Italian language (for non-Italian citizens).

To commit to attend the PhD course full-time according to the procedures set out by the Teaching Body.

To commit to undertake leave from work, if employed in the public sector.

To have read the Call for participation.

<input type="checkbox"/>	To commit to communicate in a timely manner any change of the PEC.
<input type="checkbox"/>	To require, due to their disability or SLD, the following aids and/or interventions in order to withstand the test. _____ to that end, either a certification attesting their handicap/disability (pursuant to law no. 104/92) comprehensive of diagnosis, or the Diagnostic certification (SLD – article 3, law no. 170/2010), are attached to this application form and they comply with the originals.
<input type="checkbox"/>	To be the author/co-author of the publications listed in Annex “List of publications attached to the application” (up to 3) and that those - attached in PDF format to this application form - comply with the original ones.
<input type="checkbox"/>	To have actually carried out the university educational activities indicated in Annex “List of university educational activities”, which consists of no. ___ sheet/s.
<input type="checkbox"/>	To have actually participated in the national and international research groups indicated in Annex “Participation in national and international research groups”, which consists of no. ___ sheet/s.
<input type="checkbox"/>	To have actually carried out the activities of speaker at national and international conferences and conventions listed in Annex “Speaker at national and international conferences and conventions”, which consists of no. ___ sheet/s.
<input type="checkbox"/>	To possess the language skills indicated in Annex “Language skills”, which consists of no. ___ sheet/s.
<input type="checkbox"/>	To hold additional qualifications considered valuable for evaluation purposes, listed in annex “Additional qualifications attached in PDF format”, and that those - attached in PDF format to the application - comply with the original ones.
<input type="checkbox"/>	To hold the additional qualifications listed in the CV, and that the attached documents and qualifications comply with the original ones.

\* The choice is made by ticking the box on the left of the item of interest.

## ATTACHMENTS

- Curriculum vitae;
- Research project (*dated and signed*);
- Certificate of equivalence of qualifications and Diploma Supplement (*if the requirements referred to in article 3, paragraph 1, letter ‘b’ of the Call for application are met*);
- Documents referred to in article 4, paragraph 3, letter ‘i’ (*if in the requirements referred to in article 3, paragraph 1, letter ‘b’ of the Call for application are met and the Certificate of equivalence of qualifications is NOT available*);
- Self-Declaration of examinations sustained with final grades report and University Credits earned (*if the requirements referred to in article 3, paragraph 1, letter ‘c’ of the Call for application are met*);
- Certification attesting their handicap/disability (pursuant to law no. 104/92) comprehensive of the diagnosis or the Certificate of diagnosis (SLD – article 3, law no. 170/2010) complying with the original (*if the requirements referred to in article 3, paragraph 3 of the Call for application are met*);
- Scientific publications listed in Annex “List of publications attached to the application” (up to 3);
- Additional qualifications listed in Annex “Additional qualifications attached in PDF format”;
- Copy (front and back, dated and signed) of a valid identity document;
- Copy (front and back, dated and signed) of the Tax Code/National ID n.;
- Proof of payment of € 100,00 as a contribution for participating in the selective test.

The undersigned also declares to be informed that the personal data collected will be processed exclusively in the context of the procedure for which they are provided.

Place \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_ the Undersigned \_\_\_\_\_

### LIST OF PUBLICATIONS ATTACHED TO THE APPLICATION

<b>no.</b>	<b>Publication Title</b>	<b>Publication Year*</b>	<b>Publisher</b>	<b>Identification Code</b>	<b>Type **</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					

\* In regards to works accepted for publication and in course of publication, attach the publisher's declaration in PDF format.

\*\* Specify whether article, book chapter, monograph, curation or other.

## LIST OF UNIVERSITY EDUCATIONAL ACTIVITIES \*

no.	Start-end date	Educational activity	Replacement/ Supplementary/ Exercise teaching	SSD	ECTS	University	Faculty/Course**	Attendance
1	from ____/____/____ to ____/____/____		<input type="checkbox"/> Repl. <input type="checkbox"/> Suppl. <input type="checkbox"/> Ex.				F..... C.....	<input type="checkbox"/> In class <input type="checkbox"/> Online*** <input type="checkbox"/> Other
2	from ____/____/____ to ____/____/____		<input type="checkbox"/> Repl. <input type="checkbox"/> Suppl. <input type="checkbox"/> Ex.				F..... C.....	<input type="checkbox"/> In class <input type="checkbox"/> Online*** <input type="checkbox"/> Other
3	from ____/____/____ to ____/____/____		<input type="checkbox"/> Repl. <input type="checkbox"/> Suppl. <input type="checkbox"/> Ex.				F..... C.....	<input type="checkbox"/> In class <input type="checkbox"/> Online*** <input type="checkbox"/> Other
4	from ____/____/____ to ____/____/____		<input type="checkbox"/> Repl. <input type="checkbox"/> Suppl. <input type="checkbox"/> Ex.				F..... C.....	<input type="checkbox"/> In class <input type="checkbox"/> Online*** <input type="checkbox"/> Other
5	from ____/____/____ to ____/____/____		<input type="checkbox"/> Repl. <input type="checkbox"/> Suppl. <input type="checkbox"/> Ex.				F..... C.....	<input type="checkbox"/> In class <input type="checkbox"/> Online*** <input type="checkbox"/> Other

\* If the available rows are not sufficient, use the sheet several times by placing a progressive numbering in the field at the bottom of the document; if the sheet was sufficient, that is not necessary.

\*\* In addition to the faculty, indicate the degree course, the master's degree, the specialization or doctoral course to which the teaching pertained.

\*\*\* By 'Online' we mean an educational activity that does not include any compulsory in class and/or workshop activity; for courses that include both online and in class/workshop activities, tick "other".

**For activities carried out abroad, it is necessary to attach a suitable documentation copy.**

**PARTICIPATION IN NATIONAL AND INTERNATIONAL RESEARCH GROUPS \***

no.	Start-end date	Research Group	National - International	Institution	Role
1	from ____/____/____ to ____/____/____		<input type="checkbox"/> National <input type="checkbox"/> International		
2	from ____/____/____ to ____/____/____		<input type="checkbox"/> National <input type="checkbox"/> International		
3	from ____/____/____ to ____/____/____		<input type="checkbox"/> National <input type="checkbox"/> International		
4	from ____/____/____ to ____/____/____		<input type="checkbox"/> National <input type="checkbox"/> International		
5	from ____/____/____ to ____/____/____		<input type="checkbox"/> National <input type="checkbox"/> International		

\* If the available rows are not sufficient, use the sheet several times by placing a progressive numbering in the field at the bottom of the document; if the sheet was sufficient, that is not necessary.

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**SPEAKER AT NATIONAL AND INTERNATIONAL CONFERENCES AND CONVENTIONS \***

no.	Year	Place	Event Title	Report Title	National - International	Institution
1					<input type="checkbox"/> National <input type="checkbox"/> Internat.	
2					<input type="checkbox"/> National <input type="checkbox"/> Internat.	
3					<input type="checkbox"/> National <input type="checkbox"/> Internat.	
4					<input type="checkbox"/> National <input type="checkbox"/> Internat.	
5					<input type="checkbox"/> National <input type="checkbox"/> Internat.	
6					<input type="checkbox"/> National <input type="checkbox"/> Internat.	
7					<input type="checkbox"/> National <input type="checkbox"/> Internat.	
8					<input type="checkbox"/> National <input type="checkbox"/> Internat.	
9					<input type="checkbox"/> National <input type="checkbox"/> Internat.	
10					<input type="checkbox"/> National <input type="checkbox"/> Internat.	

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## LANGUAGE SKILLS \*

no.	Language	CEFR level	Certification	<i>(if a certification was achieved)</i> Achievement date and certification body
1			<input type="checkbox"/> Y <input type="checkbox"/> N	
2			<input type="checkbox"/> Y <input type="checkbox"/> N	
3			<input type="checkbox"/> Y <input type="checkbox"/> N	
4			<input type="checkbox"/> Y <input type="checkbox"/> N	
5			<input type="checkbox"/> Y <input type="checkbox"/> N	

\* If the available rows are not sufficient, use the sheet several times by placing a progressive numbering in the field at the bottom of the document; if the sheet was sufficient, that is not necessary.

**For activities carried out abroad, it is necessary to attach a suitable documentation copy.**

**ADDITIONAL QUALIFICATIONS ATTACHED IN PDF FORMAT**

no.	Description	No. pages
1		
2		
3		
4		
5		

Use this form to list all the qualifications considered relevant for evaluation purposes.