**ANNEX "A" APPLICATION**

**To the Rector of the University of Perugia**

**Selective Procedures Office**

**P.zza dell'Università, 1**

**06123 PERUGIA**

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (province of \_\_\_\_\_\_\_\_\_\_\_) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

resident at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (province of \_\_\_\_\_\_\_\_\_\_\_\_\_)

street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_postcode:\_\_\_\_\_\_\_\_\_\_\_

permanent address for the purposes of the competition:

city\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_

telephone number\_\_\_\_\_\_\_\_\_\_ e-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PEC address \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**only for EU and non-EU foreign nationals:**

address/domicile for the purposes of the competition c/o the Italian Embassy of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

city\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_

telephone number\_\_\_\_\_\_\_\_\_\_ e-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PEC address \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **REQUESTS**

to participate in the selection for admission to the doctoral course in:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(note[[1]](#footnote-1) )

**Declares under their own responsibility, pursuant to and for the purposes of Articles 46 and 47 of Presidential Decree no. 445 of 28.12.2000** (note**[[2]](#footnote-2)** )**:**

* to be a citizen of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* to possess:
* Master's degree awarded according to D.M. 270/2004,
* Specialist degree awarded in accordance with D.M. 509/1999,
* Degree awarded according to the regulations prior to the entry into force of Ministerial Decree 509/1999, at Italian universities
* academic qualification obtained abroad corresponding to those required for the course of interest in Annex 1
* awarded on \_\_\_\_\_\_\_\_\_\_\_\_\_
* at the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* with a grade of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Those in possession of a qualification obtained abroad must present a request for equipollence to the relevant selection commission, for the sole purpose of admission to the selection, as per Annex A/1)*

*and*

* to know, for the purposes of the language test during the interview, the foreign language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (note[[3]](#footnote-3) )
* to want to undertake the interview in the following language (only for doctoral courses that provide it) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (note[[4]](#footnote-4) )
* to undertake to give notice in good time of any change in place of residence or address for the purposes of the competition (note[[5]](#footnote-5) )
* to be a child or orphan of an employee or pensioner of public administration registered with the “Gestione Unitaria delle Prestazioni creditizie e sociale” [Unitary Management of Credit and Social Benefits] or a child of a pensioner user of the “Gestione Dipendenti Pubblici” [Public Employees Management]
* to be an employee of ARPM LLC (USA)
* that no disabilities/disorders have been recognised

or

* to be a person with a disability/specific learning disorder and, accordingly, to apply:
	+ in accordance with Articles 16 and 20 of Law n.104/1992, as amended by Law n.17/1999, the following aids necessary for the performance of the tests in relation to disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ the following additional time needed to carry out the tests in relation to the specific learning disorder in accordance with Law n.170/2010\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(note[[6]](#footnote-6) )
* to consent, in the event that the Administration receives a reasoned request for access to the documents relating to this procedure and the undersigned has the status of the other party to the proceedings, to receive at the electronic mail address indicated in this request, pursuant to Article 3 of Presidential Decree 184/2006, a copy of the communication notifying the request for access, and to the possibility of submitting a reasoned objection to said request, also by electronic means, within ten days of receipt of the communication (note[[7]](#footnote-7) )
* to accept all the provisions contained in the Call (note[[8]](#footnote-8) ).

 The undersigned also attaches to the application (note[[9]](#footnote-9) )

1) Identity Document

2) Annex "B"

3) Annex "C" - Curriculum Vitae

4) additional titles attached: .......................................................

The undersigned declares that they are aware:

-that the Administration accepts no responsibility for any postal or telegraphic misunderstandings or in any case attributable to third parties, fortuitous events or force majeure relating to the delivery of this application, nor for the loss of communications due to inaccurate indication of the address on the part of the applicant or failure or delay in communicating a change of address indicated in the application;

- of the criminal sanctions to which it is subject in the event of false declarations or declarations containing data that no longer correspond to the truth, as provided for by art. 76 of D.P.R. 28.12.2000, no. 445;

-art. 75 of D.P.R. 28.12.2000, no. 445 regarding the forfeiture of any benefits resulting from the measure issued if the Administration, following a check, finds that the contents of the above declaration are not true;

**- four months after the date of publication on the University's online notice board of the decision approving the acts of the competition, not counting the period of suspension of legal terms, and within the following two months**, except in the case of ongoing litigation, the candidates must recover the qualifications and any publications sent to the University of Perugia. After this period the Administration will proceed to the elimination of the above-mentioned documents from its archives. The restitution will be made directly to the person concerned or to a person with delegated authority, in accordance with art. 11 of the competition notice.

*Should the Administration so request, at any stage of the competition procedure, the undersigned undertakes to certify the declarations made in the application for admission under their own responsibility with appropriate documentation, in accordance with the law.*

The undersigned, in accordance with EU Regulation 2016/679 and Legislative Decree 196/2003, as most recently amended by Legislative Decree 101/2018, declares that they are aware that their data will be processed by the University in order to fulfil institutional purposes and the principle of relevance.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX 'A/1**

**(REQUEST FOR EQUIPOLLENCE OF THE QUALIFICATION/TITLE)**

***TO THE SELECTION COMMISSION OF THE DOCTORAL COURSE IN ..............................................................................................................................***

***UNIVERSITY OF PERUGIA***

The undersigned (*full name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

resident at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ province.\_\_\_\_\_\_\_\_\_\_\_

street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Address/domicile for the purposes of the competition:***

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prov. of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.A.P.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PEC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## REQUESTS

***Recognition of the equipollence of* one's own academic qualification obtained abroad with an Italian degree, for the sole purpose of admission to the doctoral course in:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To this end, the candidate attaches the following documents:

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (note[[10]](#footnote-10) )***

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX 'B**

**SELF-CERTIFICATION**

**(Art. 46 of D.P.R. 28.12.2000, n. 445)**

**DECLARATION IN LIEU OF AFFIDAVIT**

**(Art. 47 of D.P.R. 28.12.2000, n.445)**

The undersigned:

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name/other names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(AS INDICATED ON IDENTITY DOCUMENT USED IN THE APPLICATION)

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (prov. \_\_\_\_\_\_\_\_\_\_\_) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

and resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (prov. \_\_\_\_\_\_\_\_\_\_\_\_)

street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D E C L A R E S**

- **TO BE IN POSSESSION OF**  **THE FOLLOWING QUALIFICATIONS**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALSO DECLARES**

- that the documents listed below, which are attached to the application, are true to the original[[11]](#footnote-11)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**finally DECLARES**

**- that what is stated in the Curriculum Vitae is true[[12]](#footnote-12)**

The undersigned declares that they are aware of the penal sanctions to which they are subject in the case of false declarations or declarations containing untrue data, as provided for by art. 76 of D.P.R. 28.12.2000 n. 445.

The undersigned declares that they are aware of art. 75 of the D.P.R. 28.12.2000, n.445 concerning the forfeiture of any benefits resulting from the measure issued if the Administration, following a check, finds that the content of the above statement is not true.

The undersigned, in accordance with EU Regulation 2016/679 and Legislative Decree 196/2003, as most recently amended by Legislative Decree 101/2018, declares that they are aware that their data will be processed by the University in order to fulfil institutional purposes and the principle of relevance.

**The undersigned encloses a photocopy of an identity document**. If the identity document is not valid, the candidate must, pursuant to art. 45 of D.P.R. 445/2000, declare at the bottom of the photocopy of the same that the data contained therein have not changed since the date of issue.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(place and date)

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX "C"**

|  |
| --- |
| **European format for curriculum vitae** |

|  |
| --- |
| **Personal Information** |

|  |  |  |
| --- | --- | --- |
| Name |  | **[Last Name, First Name, and if applicable, other names].** |
| Address |  |  |
| Phone |  |  |
| Fax |  |  |
| E-mail |  |  |

|  |  |  |
| --- | --- | --- |
| Nationality |  |  |

|  |  |  |
| --- | --- | --- |
| Date of birth |  |  |

|  |
| --- |
| **Work experience** |

|  |  |  |
| --- | --- | --- |
| - Dates (from - to) |  | [Start with the most recent information and list each relevant use covered separately. ] |
| - Name and address of employer |  |  |
| - Type of business or sector |  |  |
| - Type of employment |  |  |
| - Main tasks and responsibilities |  |  |

|  |
| --- |
| **Education and training** |

|  |  |  |
| --- | --- | --- |
| - Dates (from - to) |  | [Start with the most recent information and list each relevant course successfully taken separately. ] |
| - Name and type of educational or training institution |  |  |
| - Principal subjects / occupational skills covered |  |  |
| - Qualification obtained |  |  |
| - Level in national classification (if applicable) |  |  |

|  |
| --- |
| **Personal skills and competences***Acquired throughout life and career but not necessarily recognised by official certificates and diplomas*. |

|  |  |  |
| --- | --- | --- |
| Mother tongue |  | **[Indicate mother tongue]** |

|  |  |  |
| --- | --- | --- |
| Other language |  |  |
|  |  | **[Indicate language]** |
| - Reading skills |  | [Indicate level: excellent, good, elementary. ] |
| - Writing skills |  | [Indicate level: excellent, good, elementary. ] |
| - Oral expression |  | [Indicate level: excellent, good, elementary. ] |

|  |  |  |
| --- | --- | --- |
| Relational skills and competences*Living and working with other people, in a multicultural environment, in positions where communication is important and in situations where teamwork is essential (e.g. culture and sports), etc.* |  | [Describe these skills and indicate where they were acquired. ] |

|  |  |  |
| --- | --- | --- |
| Organisational skills and competences *E.g. coordination and administration of people, projects, budgets; at work, in voluntary activities (e.g. culture and sport), at home, etc.* |  | [Describe these skills and indicate where they were acquired. ] |

|  |  |  |
| --- | --- | --- |
| Technical skills and competences*With computers, specific equipment, machinery, etc.* |  | [Describe these skills and indicate where they were acquired. ] |

|  |  |  |
| --- | --- | --- |
| Artistic skills and competences*Music, writing, drawing, etc.* |  | [Describe these skills and indicate where they were acquired. ] |

|  |  |  |
| --- | --- | --- |
| Other skills and competences*Skills not previously indicated.* |  | [Describe these skills and indicate where they were acquired. ] |

|  |  |  |
| --- | --- | --- |
| License(s) |  | **ONLY IF RELEVANT (e.g. in case of selection for driver)** |

|  |  |  |
| --- | --- | --- |
| **Further information** |  | [Insert any other relevant information here, e.g. contact persons, references, etc. ] |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attachments** |  | [If applicable, enumerate attachments to CV. ] |
|  |  | [The undersigned ........................................................ declares that all the facts reported in this curriculum are true, pursuant to and for the purposes of Articles 46 and 47 of Presidential Decree 445/2000.The undersigned declares that he/she is aware of the penal sanctions to which they are exposed in case of false declarations or declarations containing untrue data, as provided for by art. 76 of D.P.R. 28.12.2000, no. 445.The undersigned declares that he/she is aware of art. 75 of D.P.R. 28.12.2000, no. 445, regarding the forfeiture of any benefits resulting from the measure issued, if the Administration, following a check, finds that the content of the above statement is not true.To this end, a copy of a valid identity document is attached. |  |

....................................

(place and date)

 ..............................................................

 Signature [[13]](#footnote-13)

1. For doctoral courses that require it, in accordance with the provisions of Annex 1, indicate the curriculum and area. [↑](#footnote-ref-1)
2. **IF THE BOXES ON THE APPLICATION FORM ARE NOT DISPLAYED WHEN THE FORM IS PRINTED, IT IS RECOMMENDED THAT THE CANDIDATE FILL IN ALL THE REQUIRED DECLARATIONS BY PUTTING AN X IN CORRESPONDENCE WITH THE LETTER OF THE SITUATION IN WHICH THE CANDIDATE FINDS THEMSELF**. [↑](#footnote-ref-2)
3. (*only for those who apply for doctoral courses for which, according to what is indicated in Appendix 1 of the Call Notice, it is possible to choose more than one foreign language):* Tick the box and specify the foreign language for the language test during the interview [↑](#footnote-ref-3)
4. (*only for doctoral courses for which, in accordance with the provisions of Annex 1 to the call, it is possible to take the tests in a language other than Italian, chosen from among those listed in Annex 1):* Tick the box if you wish to take the interview in a language other than Italian [↑](#footnote-ref-4)
5. Tick the box [↑](#footnote-ref-5)
6. Fill in these fields only and exclusively if you are a person with a specific learning disability/disorder with a medical certificate attesting to the disability/disorder that makes the additional aids/time required necessary; please refer to what is stated in art. 3 of the call for applications regarding the obligation to produce and the forms in which the medical certificate attesting to the disability/disorder must be produced. [↑](#footnote-ref-6)
7. Tick the box [↑](#footnote-ref-7)
8. Tick the box [↑](#footnote-ref-8)
9. State the documents enclosed with your application, as required under Article 3 of the competition call notice [↑](#footnote-ref-9)
10. (indicate the qualification/title attached, in the original or certified copy, accompanied by a certificate issued by the competent university attesting the exams passed, the credits, the grades (transcript); documentation attesting the veracity of the foreign qualification, or verification certificates issued by the Italian ENIC-NARIC centre (CIMEA) or legalization; certificate of comparability of the foreign qualification issued by CIMEA-NARIC ITALIA or other ENIC/NARIC bodies or, alternatively, "Dichiarazione di valore" [Declaration of Value] issued by the Italian Diplomatic or Consular Representation competent for the territory in the country where the qualification was awarded) [↑](#footnote-ref-10)
11. List in detail the documents (**e.g. scientific publications, dissertations, or other titles)** that are attached to the application [↑](#footnote-ref-11)
12. Make the declaration only if the C.V. is produced [↑](#footnote-ref-12)
13. The signature is mandatory, under penalty of nullity of the declaration, and must be legible. [↑](#footnote-ref-13)