**ANNEX “1”**

**Application Form template**

**To: The Rector**

University of Camerino

University Campus

Via D’Accorso No. 16

62032 C A M E R I N O (MC)

The undersigned ..................................................................................................., born in

 (Name and Last Name)

....................................... on .................…….., citizen of …………………………, residing

 (Place of birth) (Date of Birth) (Citizenship)

in .................................... (Province .................), Street Name .......................................….

 (City or Town)

Street Number ........, ZIP Code ........…

**IS APPLYING FOR**

participation in the public Selection procedure for the conferral of one (1) research grant at this University, for the following Academic Discipline: .......………..………..……………;

Project title: “*Intensified partnerships between businesses and academic institutions, exploitation of research results, including by means of industrial property rights for territorial competitiveness”;* Research, Technology Transfer and Project Management Area; Head of Research Project: Ms. Diletta Romana Cacciagrano; Project Supervisor: Prof. Claudio Pettinari.

To this end, the Undersigned, assuming full responsibility (pursuant to Art. 76 of Presidential Decree No. 445/2000), declares the following:

1) to hold the citizenship of …………………………………….. (a);

2) to be registered in the electoral register of the Municipality of (b) …………………….. (for Italian citizens only);

3) to have no criminal convictions, or any pending criminal proceedings (c);

4) to be in possession of the following degree (bachelor / master’s) ……………………., awarded on (date) ………………….., by the University of …………………………………, with the final degree grade …………………………………….;

5) to be in possession of the PhD degree in ……………………….…………………., awarded on (date) ………………….., by the University of …………………………………;

6) to hold no other scholarship, fellowship or research grant, and undertaking to renounce them in case of becoming successful candidates in this selection procedure;

7) to be domiciled in …………………………………..………………. (City, Street, Street No., and ZIP Code), Phone No. ……………………………………….;

8) to enjoy civil and political rights Country of origin or provenance, or the reasons for the non-enjoyment of those rights (d);

9) to be holder of the following tax identification code: …………………………………;

10) to authorise the University of Camerino to publish their curriculum vitae on the University website;

11) to have no degree of kinship or affinity, up to and including the fourth degree, with a Professor working at the School publishing the proposal for the activation of the contract, or with the Rector, Director-General, or a member of the University’s Board of Governors;

12) check the appropriate box and fill-out:

🞏 to never have been awarded a research grant, conferred pursuant to Art. 22 of Law No. 240/2010

🞏 to have been awarded a research grant, pursuant to Art. 24 of Law No. 240/2010, for ……………………. months (in numbers and words);

13) check the appropriate box and fill-out:

🞏 to never have been a holder of a contract for a fixed-term researcher, pursuant to Art. 24 of Law No. 240/2010

🞏 to have been a holder of a contract for a fixed-term researcher, pursuant to Art. 24 of Law No. 240/2010, for ……………………. months (in numbers and words);

14) check the appropriate box and fill-out:

🞏 to have no ongoing permanent / fixed-term working relationship, with a public or private institution, including part-time contracts;

🞏 to have an ongoing permanent / fixed-term working relationship, with a public or private institution, and therefore, in case of becoming a successful candidate in this selection procedure, to request unpaid leave from that institution or to resign from that position.

Attachments to the Application form:

1) Two signed paper copies of curriculum vitae (an electronic copy of the curriculum, omitting the personal data**,** pursuant to Art. 4, paragraph 3 of Legislative Decree No. 33/2013, must also be sent in PDF format to the following e-mail address: anna.silano@unicam.it or tiziana.pannicia@unicam.it

2) All documents and qualifications deemed relevant for the purposes of the procedure (PhD, Master’s degree,post-graduate specialisation, certificates of participation in training or refresher courses relating to the title of the project, professional experience), including the declaration in lieu of certificate for the degree;

3) Photocopy of a valid identity document;

Place and Date: …………………………..

Signature: ……………………….

(a) Specify your citizenship (Italian or foreign Country);

(b) In case of non-registration or cancellation from the electoral register, specify the reasons for the same;

(c) If that is not the case, please specify any criminal convictions;

(d) Only for foreign citizens;

**ANNEX “2”**

**DECLARATION IN LIEU OF CERTIFICATION**

***(Art.*** ***46 of Presidential Decree No. 445 of 28 December 2000)***

The Undersigned,

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(for female applicants, please indicate the maiden name)

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BORN IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE \_\_\_\_\_\_\_\_\_\_\_\_\_ ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENTLY RESIDING IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

aware that making false statements, uttering forged instruments, or making use of the same, is punishable as a felony, pursuant to Articles 75 and 76 of Presidential Decree No. 445/2000),

DECLARES TO BE IN POSSESSION OF THE FOLLOWING DEGREES:

1) **University degree** (indicate if it is a Master's degree, or a Specialist degree, or an old-system / single-cycle degree, and state the full name of the degree)

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

*(choose one of the following options):*

● Obtained in Italy, from the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(state the name of the University), on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

● Obtained abroad, from the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(state the name of the University), on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1) **PhD degree** (state the full name of the degree)

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

*(choose one of the following options):*

● Obtained in Italy, from the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(state the name of the University), on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

● Obtained abroad, from the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(state the name of the University), on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Place and Date: ………………………………

 Signature:

**ANNEX “3”**

**DECLARATION IN LIEU OF AFFIDAVIT**

***(Articles 19 and 47 of Presidential Decree No. 445 of 28 December 2000)***

The Undersigned,

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(for female applicants, please indicate the maiden name)

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BORN IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE \_\_\_\_\_\_\_\_\_\_\_\_\_ ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENTLY RESIDING IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: AREA CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

aware that making false statements, uttering forged instruments, or making use of the same, is punishable as a felony, pursuant to Articles 75 and 76 of Presidential Decree No. 445/2000,

DECLARES THE FOLLOWING:

a) Additional qualifications (Master’s degrees, post-graduate specialisations, certificates of participation in training or refresher courses relating to the title of the project), other than the degree required for participation in the procedure:

● Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state the name of the qualification), obtained from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

● Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state the name of the qualification), obtained from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

b) Professional experience in public and/or private institutions:

1) Name of the Public Institution or name and identification data (registered office, tax code /VAT No.) of the private employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

2) Type of employment:

*(choose one of the following options):*

● Employee;

If you selected “Employee”, please state below the employee classification level/category:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

● Self-employed;

● Internship.

3) Period and duration of the employee / self-employed / intern status: from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

4) Brief job description:

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

Place and Date: ………………………………

 Signature: