

ANNEX "A"**APPLICATION**

**To the Rector of the University of
Perugia
Ufficio Procedure selettive
P.zza dell'Università, 1
06123 PERUGIA**

The undersigned, (surname /firstname/s) _____
 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 _____

REQUESTS

entry in the selection procedure for admission to the doctoral course in:

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 (note¹):

- ☐ to be a citizen of _____
- ☐ to possess an adequate knowledge of the Italian language (note²)
- ☐ 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
 - in _____
 - awarded on (date) _____
 - at the University of _____
 - with a grade of _____

¹ **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.**

²(only for EU and NON-EU citizens where undergoing the interview is not permitted in a language other than, pursuant to notice is Annex 1. Tick the box

(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)

or

- ☐ to know, for the purposes of the language test during the interview, the foreign language _____ (note³)
- ☐ to want to undertake the interview in the following language (only for doctoral courses that provide it): _____ (note⁴)
- ☐ to undertake to give notice in good time of any change in place of residence or address for the purposes of the competition (note⁵)
- ☐ to be a person who has no disabilities/disorders that 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 _____ (note⁶)

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 (note⁷) to accept all the provisions contained in the Call (note⁸).

The undersigned also attaches to the application (note⁹)

1) Identity Document

2) Annex "B"

³(only for those who apply for doctoral courses for which, according to what is indicated in Annex 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

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/interview 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

⁵Tick the box

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.

⁷ Tick the box

⁸ Tick the box

⁹ State the documents enclosed with the application, as required under Article 3 of the selection procedure call notice

3) Annex "C" - Curriculum Vitae

4) additional titles attached (complete digitally or printed clearly)

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

The undersigned declares that they are aware:

-that the Administration accepts no responsibility for any postal or telegraphic error or 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 (*surname/first name/s*) _____
born in (place) _____ on _____
resident in (town/city) _____ province. _____
street _____ postcode _____
Tel. _____ -e-mail: _____

Address/domicile for the purposes of the selective procedure:

City _____ prov. of _____
Via _____ postcode _____
Tel. _____ E-mail: _____ PEC _____

REQUESTS

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

To this end, the candidate attaches the following documents:

_____ **(note¹⁰)**

Place and date _____

Signature _____

¹⁰ (indicate the qualification/title attached, in the original or certified copy, accompanied by an official translation into Italian, legalized (where necessary) by the competent Italian diplomatic or consular representation abroad and, alternatively certification of comparability of the foreign qualification issued by CIMEA-NARIC ITALIA or other ENIC/NARIC bodies or, "Dichiarazione di valore" [Declaration of Value] of the qualification issued by the Italian diplomatic or consular representation abroad)

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 _____
(Name as on identity document)

born in _____ (prov. _____) on _____

and resident in _____ (prov. _____)

street _____ n. _____

DECLARES

-TO BE IN POSSESSION OF THE FOLLOWING QUALIFICATIONS:

ALSO DECLARES

- that the documents listed below and attached to the application are true to the original¹¹

And lastly DECLARES

- that what is stated in the Curriculum Vitae is true¹²

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

¹¹List in detail the documents (e.g. scientific publications, dissertations, or other titles/qualifications) that are attached to the application

¹² Make the declaration only if the C.V. is produced

ANNEX "C" TO THE RD

EUROPEAN FORMAT FOR CURRICULUM VITAE



PERSONAL INFORMATION

Name

[SURNAME, First Name, and if applicable, other names].

Address

Phone

Fax

E-mail

Nationality

Date of birth

WORK EXPERIENCE

- Dates (from - to)
- Name and address of employer
 - Type of business or sector
 - Type of employment
- Main tasks and responsibilities

[Start with the most recent information and list each relevant use covered separately.]

EDUCATION AND TRAINING

- Dates (from - to)
- Name and type of educational or training institution
- Principal subjects / occupational skills covered
 - Qualification obtained
- Level in national classification (if applicable)

[Start with the most recent information and list each relevant course successfully taken separately.]

**PERSONAL SKILLS AND
COMPETENCES**

*Acquired throughout life and career but
not necessarily recognised by official
certificates and diplomas.*

MOTHERTONGUE

[Indicate mothertongue]

OTHERLANGUAGES

[Indicate language]

- Reading skills
- Writing skills
- Oral expression

[Indicate level: excellent, good, elementary.]

[Indicate level: excellent, good, elementary.]

[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.]

(DRIVING)LICENSE(S)

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

.....

(NOTE: A signature is mandatory to validate the curriculum)