

APPLICATION FORM Template

To the Rector of the University of Florence

I, _____ (family name) _____ (first name/s)

Place of birth _____ (Country) _____

Date of birth (dd/mm/yyyy) _____

Permanent address: (Town) _____ Province/State _____

Street _____ n. _____

Postal code _____

Country _____ Phone number (inc country code) _____

e-mail _____

Social security and tax number (Codice fiscale) _____

Contact details if different from the ones above by the time the selection process is concluded:

Correspondence address: (Town) _____ Province/State _____

Street _____ n. _____

Postal code _____

Phone number _____

HEREBY APPLY

for admission to the selection procedure laid down in the call for applications – Rector’s decree n. _____ of (date) _____ - for the award of 5 (five) research fellowship(s) at the University of Florence:

- 1 (one) in the field of Biomedical Research
- 1 (one) in the field of Scientific Research
- 1 (one) in the field of Social Science Research
- 1 (one) in the field of Technology Research

- 1 (one) in the field of Humanities Research

(Select just one of the research fields)

For such purpose, and aware of the civil and penal responsibilities in the event of false declarations,

I HEREBY DECLARE

According to articles n. 19, 46, 47 of D.P.R. n. 445/2000:

- that I am a citizen of _____ (Country)
only for foreign applicants from non-UE countries
 - I declare that I do **not** possess a residence permit for Italy
 - I declare that I possess a residence permit for Italy (attach copy)
type of residence permit: _____
(e.g. study, research, family reunification, long-term temporary residents, political asylum, humanitarian reasons)
expiry date: *(dd/mm/yyyy)* _____
- that I have a degree in _____
awarded on *(date)* _____ by _____
- that I have a PhD in _____
awarded on *(dd/mm/yyyy)* _____ by *(institution)* _____
- that I do not have a criminal record and am not involved in any current criminal proceedings (or if so, state which);
- that I am not related by marriage or by blood up to the fourth degree, to any teaching staff working in the Department for which the call is issued, nor with the President, General Manager or a member of the Board of Governors of the University
- that I am aware that the following persons **cannot take part** in the selection procedure: anyone who held fellowship contracts with any Italian private or public institution as per list in para. 1 of art. 22, Italian L. 240/2010, for a period which, summed to the foreseen duration of this contract, exceeds a total of 6 years, including any renewals but excluding any period in which the contract coincided with a PhD program, for the maximum limit of the legal duration of the PhD program. For the purposes of the

duration of the above-described period, in compliance with the laws in force any period of maternity or sick leave is excluded from the calculation.

- that I am not currently employed with a public or private firm, either with a permanent or a temporary contract (including part-time contracts)
- that I have a certified disability and require the following support:
.....

I hereby understand that personal data provided with this application form, according to the University Regulations, issued with Rector's Decree n. 449 of 07.07.2004 and amended with Decree n. 1177 (79382) on 29.12.2005, will be treated in accordance with the aims of the appraisal procedure and eventually for the drafting and management of the resulting agreement with the University, and pursuant to the University regulations regarding privacy policy. At any time, I can exercise my rights as stated in the aforementioned regulations.

I hereby declare under my own responsibility that all information provided above are true and correct.

Date_____

Signature_____

Please attach a copy of your valid ID or have your signature authenticated:

ATTACHMENT 2

Template for the description of the proposed research project (.pdf)

Family name:

First name:

Title of the Research Project:

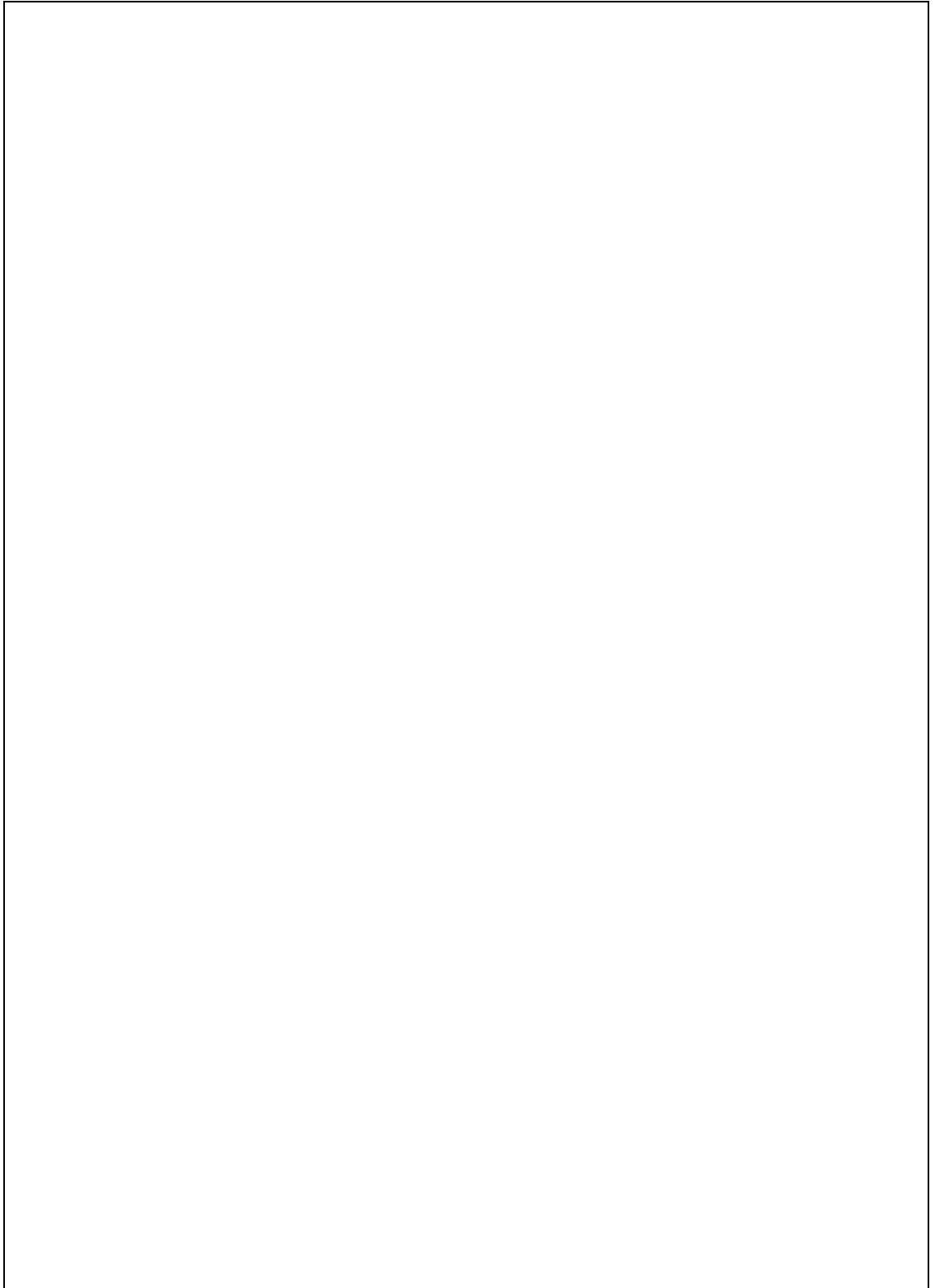
Field of research

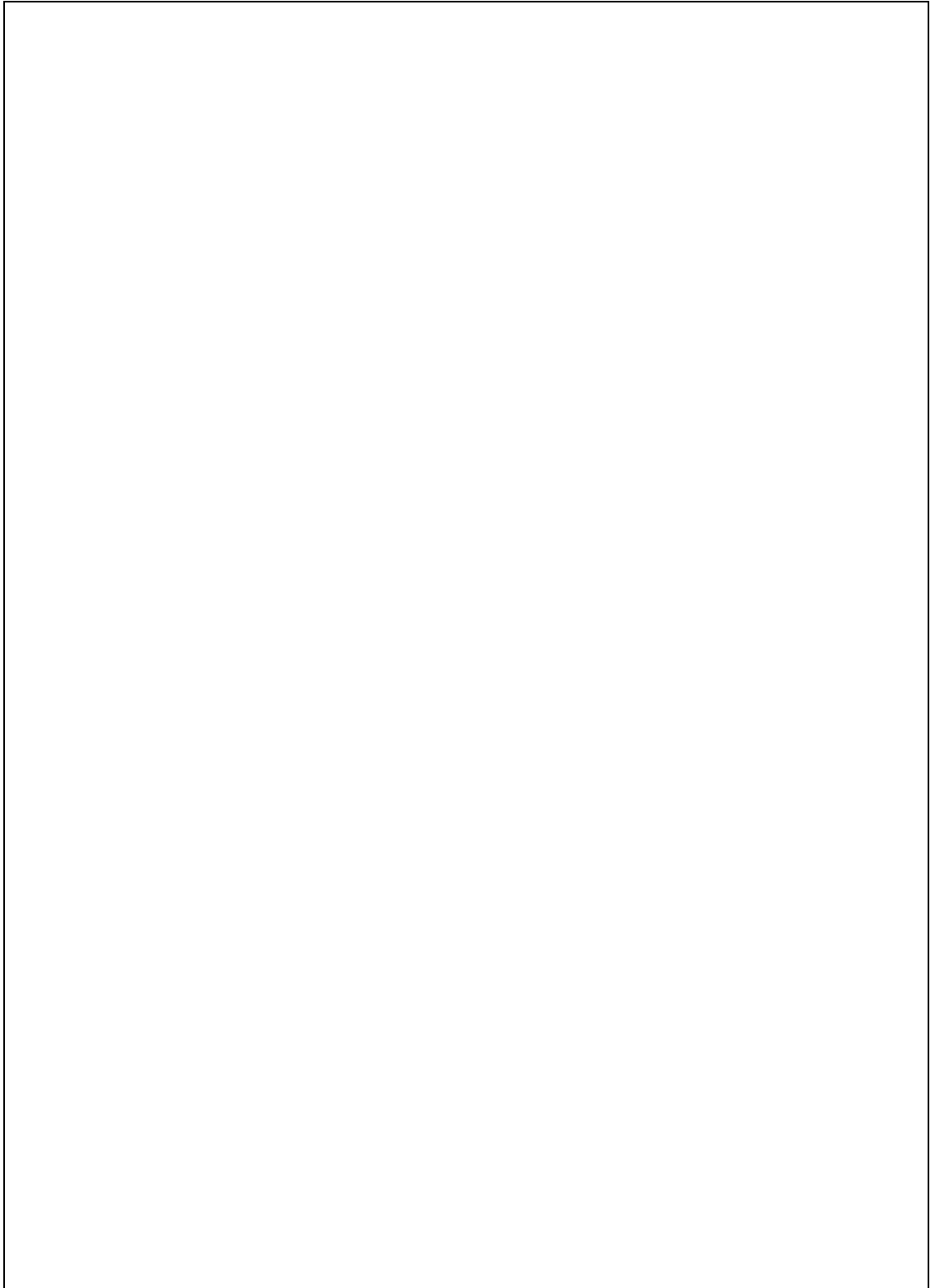
Department:

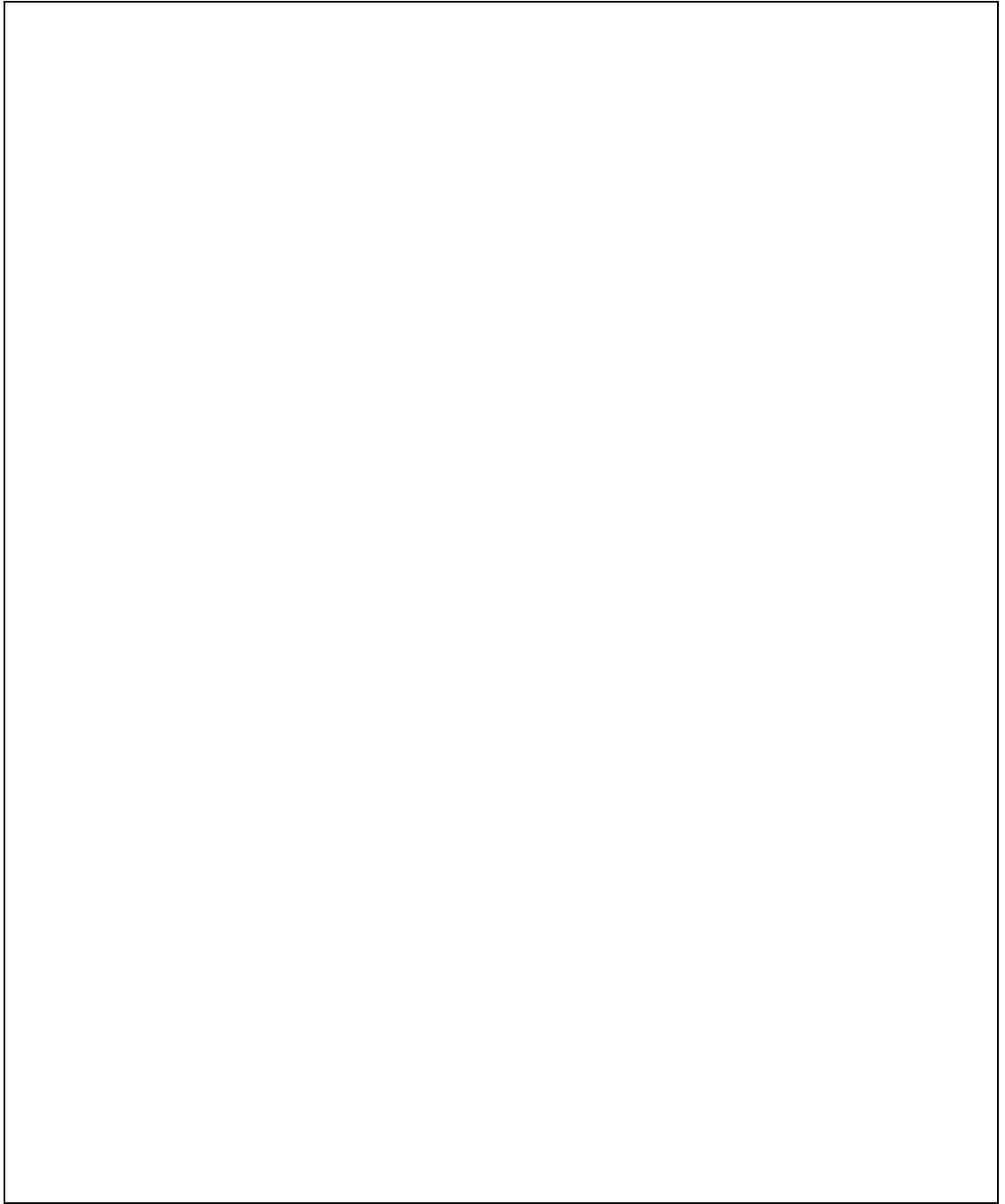
Keywords (max. 2):

Project

Description of the proposed research project – background, experimental plan, and description of expected results and future applications to health (max four pages).







signature

ATTACHMENT 3

Facsimile dichiarazione Direttore Dipartimento (su carta intestata)

Oggetto: Bando per il conferimento di n. 5 assegni di ricerca di tipo a) riservati a cittadini stranieri o italiani che abbiano conseguito il dottorato di ricerca all'estero – D.R. del

Nella mia qualità di Direttore del Dipartimento di, visto il progetto di ricerca “.....” presentato da per la partecipazione al bando in oggetto,

- confermo la disponibilità dei mezzi e delle attrezzature necessarie per l'espletamento della ricerca;*
- in caso di vincita, individuo come responsabile scientifico della ricerca*;
- indico il SSD di cui il Dipartimento è referente;*
- considerato l'importo messo a disposizione dall'Ateneo per l'attivazione degli assegni di ricerca di cui al bando in oggetto, dichiaro come importo definitivo lordo percipiente dell'assegno di ricerca Euro (max. 25.177,00)*

Resta comunque inteso che, ai sensi dell'art. 7 del bando, il Dipartimento procederà alla selezione, attraverso l'esame dei progetti presentati, dei migliori due candidati che potranno essere ammessi alla valutazione della Commissione Giudicatrice.

Il Direttore
Prof.
(firma autografa)

ATTACHMENT 4

Self declaration of conformity to the original

Declaration given according to art. 19, 46 and 47 of D.P.R. n° 445 of 28/12/00

(To be filled out and attached in case of one or more documents provided as photocopies)

I, _____ (family name) _____ (first name/s)
Place of birth _____ (Country) _____
Date of birth (dd/mm/yyyy) _____
Permanent address: (Town) _____
Province/State _____
Street _____ n. _____
Postal code _____
Country _____

Contact details if different from the ones above by the time the selection process is concluded:

Correspondence address: (Town) _____
Province/State _____
Street _____ n. _____
Postal code _____
Phone number _____

Aware of the fact that in case of mendacious declarations, falsity in the proceedings or use of false proceedings, will incur in the sanctions according to articles 75 and 76 of the Italian legislation n. 445 of 28/12/00 and immediately loses the award of the grant:

DECLARE

-that the copy annexed in electronic form listed below are compliant with the original

- 1) _____
- 2) _____
- 3) _____
- etc _____

date_____

The Declarant

(signature)

Please attach the copy of your valid photo ID

ATTACHMENT 5

LIST OF ATTACHMENTS TO THE APPLICATION FORM

I, _____ (family name) _____ (first name/s)

Place of birth _____ (Country) _____

Date of birth (dd/mm/yyyy) _____

Permanent address: (Town) _____

Province/State _____

Street _____ n. _____

Postal code _____

Country _____

contact details if different from the ones above by the time the selection process is concluded:

Correspondence address: (Town) _____

Province/State _____

Street _____ n. _____

Postal code _____

Phone number _____

ATTACH

To this application the following:

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....
- 6).....
- 7).....
- 8).....

Date _____

_____ (signature)

CINECA Form for Research Grant Agreement

(THE INFORMATION GIVEN BELOW MUST COINCIDE WITH THAT GIVEN IN THE APPLICATION FORM - ATTACHMENT 1)

PERSONAL DATA

Social Security/Tax number (Codice fiscale)

(please print in block letters) _____

Family Name _____ First Name _____

Sex ____ Date of birth __/__/__ (dd/mm/yyyy)

Place of birth _____

Province/state _____ Country of birth _____

Citizenship _____

ADDRESS AND CONTACT DETAILS

Permanent address:

Street name _____ n. _____

Postal code _____ Town _____

Province/area (Comune) _____

Country _____

Residence (if different from permanent address)

Street name _____ n. _____

Postal code _____ Town _____

Province/area (Comune) _____

Country _____

Address for tax purposes (if different from permanent address)

Street name _____ n. _____

Postal code _____ Town _____

Province/area (Comune) _____

Country _____

E-MAIL _____ MOBILE PH. N. _____

EDUCATIONAL QUALIFICATIONS OBTAINED:

(...) Foreign qualification _____

(...) Four year degree–(vecchio ordinamento) in _____

(...) Master Degree – Laurea Specialistica N.O. class (classe) _____/S
(_____)

(...) Five year degree – Laurea Magistrale N.O. class (classe) _____ - M
(_____)

Obtained at the University of _____
on _____ (date) (Academic Year _____/_____) Grade _____

() Specialization in _____

Obtained at the University of _____

on _____ (Academic Year ____/____)

() DOCTORAL/PHD QUALIFICATION IN _____

obtained at the University of _____

on (date) _____

Cycle (Ciclo) _____ From _____ To _____ Number of Months _____

Scholarship NO () or YES ()

From dd/mm/yyyy to dd/mm/yyyy - number of months _____

ENROLMENT IN THE PROFESSIONAL REGISTER OF

Province/State _____ **Address**

AGREEMENT DATA

Institution of affiliation: _____

Call details: Rector Decree n. _____ **of** _____

Number of months _____ **Starting date (dd/mm/yyyy)** _____

Research Supervisor (Tutor) _____

Research Project Title:

Field _____ **Other fields (if applicable)** _____

Date _____

Signature _____