



UNIVERSITÀ DEGLI STUDI DI MILANO

TO MAGNIFICO RETTORE OF UNIVERSITA' DEGLI STUDI DI MILANO

ID CODE 4895

I the undersigned asks to participate in the public selection, for qualifications and examinations, for the awarding of a type B fellowship at Dipartimento di Matematica

Scientist- in - charge: Paolo Stellari

[Sebastián Torres]

CURRICULUM VITAE

PERSONAL INFORMATION

Surname	Torres
Name	Sebastián
Date of birth	[30, March, 1989]

PRESENT OCCUPATION

Appointment	Structure
Graduate Student	University of Massachusetts Amherst

EDUCATION AND TRAINING

Degree	Course of studies	University	year of achievement of the degree
Degree	Bachelor's Mathematics in	Pontificia Universidad Católica de Chile	2012
Specialization			
PhD	Mathematics	University of Massachusetts Amherst	Expected Spring 2021
Master	Mathematics	Pontificia Universidad Católica de Chile	2015
Degree of medical specialization			
Degree of European specialization			
Other			



UNIVERSITÀ DEGLI STUDI DI MILANO

I ENCLOSE THE FOLLOWING ASSESSABLE QUALIFICATIONS TO THE PURPOSE OF THE COMPETITION:

- PhD transcripts
- Master's degree certificate (in spanish)
- Undergraduate degree certificate with transcripts and final mark
- A copy of my preprint, also available on arXiv

I authorize University to use personal information provided with this application for aims connected to the selection and to the stipulation and management of relationship with University, according to D.Lgs. 196/03.

Date, 03/03/2021

Signature



UNIVERSITÀ DEGLI STUDI DI MILANO

Enclosure1

SELF-CERTIFICATION (ART. 46 D.P.R. 28/12/2000, n. 445)

I the undersigned Sebastian Torres

Born in Santiago, Chile, on 1989,

DECLARE

Under my own responsibility, aware of penalties in case of false or mendacious statements as from art. 76 D.P.R. 28/12/2000 n. 445 I will lose the right immediately to the fellowship:

1. I have earned the degree in Mathematics on Dec. 2012 at PUC Chile

2. I have earned the PhD/diploma of specialization in medical area in _____ on _____ at _____

3. I have the following professional/ study qualifications:

- Master's in Mathematics

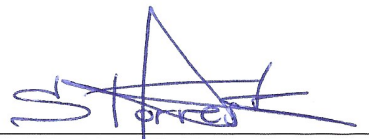
- PhD candidate in Mathematics

- _____

- _____

- _____

date, 03/03/2021


(signature)

INFORMATION ACCORDING TO ART. 13 D.Lgs. 196/2003

Personal information will be gathered and handled according to the laws, within the purposes related to the development of institutional activities, especially for all executions connected to the performance of research activity with Università degli Studi di Milano. The agreement to handling information given is not required according to art. 24 of D.Lgs. 196/03



UNIVERSITÀ DEGLI STUDI DI MILANO

Enclosure 2

SELF-DECLARATION IN SUBSTITUTION OF ATTESTED AFFIDAVIT (ART. 47 D.P.R 28/12/2000, n. 445)

Al Magnifico Rettore
dell'Università degli Studi di Milano

I the undersigned Sebastián Torres born in
Santiago, Chile on 1989 resident in
Santiago, Chile Address Bramante 759-C n. 759-C
zip code. 7870434 TEL +569 81787660 / +1 413 7276259

With reference to the fellowship whose Scientist-in-charge is Prof. Paolo Stellari

Availing myself of regulations as from Art. 47 D.P.R. 28/12/2000 n. 445 and aware of penalties established in artt. 483, 495 and 496 of penal code for false statements and mendacious declarations

DECLARE

- That photocopies of qualifications enclosed in the application form and listed below are conform to the original copies:

List of documents enclosed in photocopy:

- Undergraduate degree certificate with transcripts and final grade
- PhD transcripts
- A copy of Master's degree certificate (in Spanish)

I also enclose photocopy of my passport/identity card.

Read, confirmed and undersigned.

For use¹

Date, 03/03/2021

Signature

¹Please indicate the application/procedure related to the declaration given. The declaration must a) be undersigned in front of the qualified employee or b) sent together with a photocopy of valid passport/identity card of the person concerned.