|  |  |  |
| --- | --- | --- |
| **TO THE RECTOR**  **OF THE UNIVERSITY OF MILAN**  **ID Code: \_\_\_\_\_\_\_\_\_\_** | | |
| *I, the undersigned, hereby applies for the public selection procedure, via qualifications and exam, to be awarded no.\_\_\_\_ scholarship(s) for the purpose of continuing the education of promising graduates for the duration of \_\_\_\_ months for the scientific-disciplinary field in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the supervision of Prof \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*  For this purpose, | | |
| **I HEREBY DECLARE** | | |
|  |  | |
| LAST NAME |  | |
|  |  | |
| FIRST NAME |  | |
|  |  | |
| DATE OF BIRTH |  | |
|  |  | |
| BIRTHPLACE |  | |
| ADDRESS TO WHICH NOTIFICATIONS REGARDING THE SELECTION PROCEDURE WILL BE SENT: | | |
| Street |  | n. |
| Place |  | Postcode |
| District |  | Province |
| Mobile phone number |  |  |
| Citizenship |  |  |
| Email address |  |  |
|  |  | |
| My absence of criminal record and of ongoing criminal proceedings;  That I am not employed by other public or private employers;  That I am not being assigned or rendering any paid professional or consulting services on a continuous basis. | | |
| Degree in: |  | |
| Identification code (*Italian: classe*) |  | |
|  |  | |
| Earned in academic year  On (date) |  | |
|  |  | |
| at |  | |
|  |  | |
| * That I have \_\_\_\_\_\_\_\_\_\_\_\_\_\_ language proficiency | | |
| * That I have expertise in:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| PLEASE FIND ATTACHED MY CURRICULUM INCLUDING A WRITTEN EXPLANATION OF THE DEGREE DISSERTATION/THESIS AND ANY FURTHER QUALIFICATIONS WHICH I WISH TO BE EVALUATED IN RELATION TO THE ACTIVITIES TO BE PERFORMED. | | |

I hereby authorise the University to process the personal data reported in the present application form for the purposes connected to the present selection procedure and aimed at managing the collaboration with the University, under EU Regulation no.679/2016 and under Leg.Dec. no. 196/2003.

Milan, \_\_\_\_\_\_\_\_\_\_\_

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

Signature

*Annex no.1*

SELF-DECLARATION IN LIEU OF AFFIDAVIT

(ART. no. 46 OF PRESIDENTIAL DECREE No. 445/2000 OF 28 DECEMBER 2000)

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , on \_\_\_\_\_\_\_\_\_\_\_

**HEREBY DECLARE THAT**

**being aware that making false statements or submitting false documents is a crime punishable by law, pursuant to art. 76 of Presidential Decree no.445/2000 of 28 December 2000 and that this shall result in losing the scholarship immediately,**

1. I earned a degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I am also in possession of the following qualifications:

* ………………………………………………………….
* ………………………………………………………….
* ………………………………………………………….
* ………………………………………………………….

Date, \_\_\_\_\_\_\_\_\_\_\_

Signature

Pursuant to EU Regulation No.679/2016 and Legislative Decree No.196/2003, please be informed that the University undertakes to respect the confidentiality of the information provided by the candidates: All the data provided shall be processed for purposes connected to and aimed at managing the present selection procedure in order to award the scholarship, in accordance with the provisions in force. Thorough information is available on the University website at the following page: <https://www.unimi.it/node/605/>.

**EXAM HISTORY**

IN ADDITION TO THE AFOREMENTIONED DECLARATIONS

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I earned a second-level degree in \_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_ with the final grade of \_\_\_\_\_\_\_ and that I took the following exams and marks.

In case of degrees earned at the University of Milan, PLEASE ATTACH THE REPORT DOWNLOADABLE FROM THE SIFA PORTAL; if not, PLEASE ATTACH EQUIVALENT REPORT DOWNLOADABLE FROM THE PORTAL OF YOUR HOME UNIVERSITY. In both cases, the data reported in the premises of the present page are required.

|  |  |  |
| --- | --- | --- |
| Exam name | Mark | Date |
| ………………………………………………………………………………………...…..……... | ……………… | .……**/**…….**/**…….. |
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| …………………………………………………………………………………………………… | ……………… | .……/……./…….. |

Milan, \_\_\_\_\_\_\_\_\_\_

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

Signature

Pursuant to Legislative Decree No.196/2003 (Code regarding the protection of personal data) and subsequent amendments and additions thereto, as well as to EU Regulation No.679/2016 (General Data Protection Regulation, i.e. GDPR) and to article 7 of the University Regulations regarding the protection of personal data, the University undertakes to respect the confidentiality of the information provided by the collaborator: all data provided will be processed only for purposes connected to and useful for the management of the collaboration, in compliance with the provisions in force. Thorough information is available on the University website at the following page: <http://www.unimi.it/ateneo/73613.htm>

*Annex no.2*

**SELF-CERTIFICATION IN LIEU OF AFFIDAVIT**

(ART. no. 47 OF PRESIDENTIAL DECREE No. 445/2000 OF 28 DECEMBER 2000)

**To the Rector**

**of the University of Milan**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_ born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_ and residing in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, n.\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_ street, postcode \_\_\_\_\_\_\_ phone number \_\_\_\_\_\_\_,

with reference to the scholarship under the education programme supervised by Prof \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**pursuant to art. 47 of Presidential Dec. no.445/2000 of 28 December 2000 and being aware of the sanctions laid down in art.483, 495 and 496 of the penal code for false statements and declarations**

**HEREBY DECLARE**

* **that the photocopies of the qualifications attached to the present application form and listed below are equivalent to the original document:**

List of the photocopied documents in attachment:

………………………….…………………………….….………………………………………………..………...……………..…………………………..………………….……….………………….….………………………………………………..…...…………………..……………………..………………….……….………………….….………………………………………………..…...…………………………………………..………………….……….………………….….………………………………………………….……………………..……………………..………………….……….………………….….………………………………………………...…..…………………..……………………..………………….……….………………….….…………………………………...……………..……………………………………………..………………….……….………………….….………………………………………………..…………...…………..………………………..………………….……….………………….….……………………………………………..……………………………………

Please find attached a photocopy of my identification document.

Read, approved, and signed.

To be used for [[1]](#footnote-1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_

Signature

1. Please specify the purpose/procedure for which this declaration is issued. The present declaration shall a) be signed before the relevant officer **or** b) sent together with a photocopy of a valid identification document of the candidate. [↑](#footnote-ref-1)