|  |
| --- |
| **TO MAGNIFICO RETTORE OF UNIVERSITA’ DEGLI STUDI DI MILANO ID CODE \_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Scientist- in – charge: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

**[Name and surname]**

# **CURRICULUM VITAE**

## PERSONAL INFORMATION

|  |  |
| --- | --- |
| Surname |  |
| Name |  |

## PRESENT OCCUPATION

|  |  |
| --- | --- |
| Appointment | Structure |
|  |  |

## EDUCATION AND TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Course of studies | University | year of achievement of the degree |
| Degree |  |  |  |
| Specialization |  |  |  |
| PhD |  |  |  |
| Master  |  |  |  |
| Degree of medical specialization |  |  |  |
| Degree of European specialization |  |  |  |
| Other |  |  |  |

## REGISTRATION IN PROFESSIONAL ASSOCIATIONS

|  |  |  |
| --- | --- | --- |
| Date of registration | Association | City |
|  |  |  |

## FOREIGN LANGUAGES

|  |  |
| --- | --- |
| Languages | level of knowledge |
|  |  |

## AWARDS, ACKNOWLEDGEMENTS, SCHOLARSHIPS

|  |  |
| --- | --- |
| Year | Description of award |
|  |  |
|  |  |
|  |  |

## TRAINING OR RESEARCH ACTIVITY

|  |
| --- |
| description of activity |

## PROJECT ACTIVITY

|  |  |
| --- | --- |
| Year | Project |
|  |  |
|  |  |

## PATENTS

|  |
| --- |
| Patent |
|  |
|  |

## CONGRESSES AND SEMINARS

|  |  |  |
| --- | --- | --- |
| Date | Title | Place |
|  |  |  |
|  |  |  |
|  |  |  |

## PUBLICATIONS

|  |
| --- |
| Books |
| [title, place, publishing house, year …]  |
| [title, place, publishing house, year …]  |
| [title, place, publishing house, year …]  |

|  |
| --- |
| Articles in reviews |
| [title of the article, review, place, publishing house, year …]  |
| [title of the article, review, place, publishing house, year …]  |
| [title of the article, review, place, publishing house, year …]  |

|  |
| --- |
| Congress proceedings |
| [title, structure, place, year]  |
| [title, structure, place, year]  |
| [title, structure, place, year]  |

## OTHER INFORMATION

|  |
| --- |
|  |
|  |

Declarations given in the present curriculum must be considered released according to art. 46 and 47 of DPR n. 445/2000.

The present curriculum does not contain confidential and legal information according to art. 4, paragraph 1, points d) and e) of D.Lgs. 30.06.2003 n. 196.

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Please DO NOT SIGN this form.

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_