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## The undersigned

Surname	Name	Italian taxpayer's code (if applicable)
Date of birth	Place of birth (City/State)	Country of birth
Curr	ent Residency address (street, to	own, state)
Phone numb	oer	E-mail address
	nicile address (if different from	

## **ASKS**

In accordance with Art. 46 and 47 and in full understanding that in accordance with Articles 75 and 76 of Italian Presidential Decree DPR no. 445 of 28 December 2000, he/she will be liable for prosecution in the event of false declarations and statements, and that any research grants awarded will be declared null or void,

## **HEREBY DECLARES THAT:**

*	He/sne has obtained a Master's degree (Diploma di Laurea) ir awarded or by the University of
4	He/she has a documented research activity pertinent to the research activity/field covered by the call;
4	He/she has a PhD (Dottore di Ricerca) in
4	he/she is not a permanent employee at a university or the other organisations listed in Art. 22 of Law 240/2010;
4	He/she has no relationship conjugancy or is not related and does not have ar affinity, up to and including the fourth degree of kinship, to a professor working in the department or centre where the research is based, or to the Rector, Director General, or a member of the university's Board of Governors;
	ordance with Art. 46 and 47 of Italian Presidential Decree DPR no. 445 of 28 nber 2000  HEREBY DECLARES ALSO THAT
4	the information included in the academic and professional curriculum vitae attached to this application are true; and that the qualifications and publications enclosed with the application are true copies of the originals (required in accordance with Art. 46 and 47 of Italian Presidential Decree DPR 445/2000.) the qualifications and publications enclosed with the application:  1
Are tr	3ue copies of the originals.
In acc	nment: a signed photocopy of a valid form of identification; ordance with D. Lgs no. 196 of 30 June 2003, the personal data provided when the ch grant agreement was signed will be handled for the institutional purposes ent to the management thereof.
Date,	Signature