

Annex 1

*To the Rector of the University of Catania
Department of Agriculture, Food and
Environment (Di3A)
Via Santa Sofia, 100 – 95123 - Catania*

Public selection for the award of 1 research fellowship

Location: *Department of Agriculture, Food and Environment (Di3A) - Via Santa Sofia, 100 – 95123 - Catania*

Call No. _____ Date _____

I, the undersigned, (full name) _____

WISH

to be admitted to the public selection for the award of 1 Research Fellowship based on qualifications and interview criteria set out by the University of Catania, for the following topic field and subject: _____

at the Department of Agriculture, Food and Environment (Di3A), Address: Via Santa Sofia, 100 – 95123 – Catania.

To that end, aware of the penalties that I may incur in case of false statement or forfeiture of any benefits gained as a result of untruthful statements (Art. 75 and 76 of Presidential Decree 445, December 10, 2000), I have hereby read and accept all the terms and conditions set forth in the selection announcement, according to Presidential Decree 445/2000 along with subsequent integrations and/or additions

AND I HEREBY DECLARE UNDER MY OWN RESPONSIBILITY:

- 1) Full Name _____
 Tax identification number: _____
 Sex F M
 Born _____ on _____ Province _____
 Resident in _____ Province _____
 Address _____
 tel. _____ mobile number _____ email: _____
- 2) Citizenship _____;

- 3) to possess the following qualifications:
 Master's Degree in _____ at
 the University _____; Mark: _____ on (date)

- 4) to possess additional admission requirement (s) (if required by the announcement) such as:

 _____;
(As a rule, qualifications that were obtained abroad must be previously recognized in Italy according to the legislation in force)
- 5) not to incur any cumulative prohibitions set forth in Art. 4 of this announcement;
- 6) to have a domicile in: _____
 (prov. _____) Address _____

And I, the undersigned, undertake to duly inform the Administration of any change in circumstances, being fully aware that the Administration will not be held responsible for any failure to communicate with applicants due to wrong address provided by them or any change of address belatedly notified. The same applies to any postal or telegraphic errors, or any problems caused by a third party, due to any unforeseeable circumstances.

IN ADDITION TO THE ABOVE

I, the undersigned, request as follows:

- Y NO the evaluation of equivalences between qualifications across different countries for the sole purpose of this selection. To that end, the documentation referred to in Art. 2, Point 3, in the manner indicated by Art. 4, point 9, last paragraph, is herein enclosed.; ⁽¹⁾ ⁽²⁾
- Y NO the arrangement of compensatory measures for the interview outcome, as a disabled person. We reserve the right to present before the completion of the test, appropriate certification issued by the public health authority responsible for the area, in accordance with Law 104/1992 including any further integrations or additions. () (tick only if the announcement provides for the interview).

I, the undersigned, give my consent for the use of personal data, in compliance with Legislative Decree 30 June 2003, n. 196, including any further amendments or additions, for the obligations envisaged in this selection.

Enclosed to this application:

1. Curriculum vitae et studiorum in European format, dated and signed;
2. The Declaration of equivalence or the Declaration of Value (if the candidate has one already);

¹ To be submitted only if you have gained a qualification abroad, in which case candidates are required to fill in an application of equivalence for the Selection Committee.

² If a qualification has not yet been obtained, nor have the equivalence or the Declaration of Value been issued by the Italian diplomatic authorities, the above can be produced: 1) in original; 2) in authenticated copy; 3) in self-certified statement, in lieu of notarial deed, pursuant to Art. 47 of Presidential Decree 445/2000, (enclosure.B), along with a copy of a valid ID card and a certified Italian translation of qualification obtained or a self-certified Italian translation as a true original certificate.

3. Scientific and / or professional qualifications / publications (if required) in accordance with Art. 5 of the announcement as follows:
 - a) _____
 - b) _____
 - c) _____
4. List of documents submitted, dated and signed;
5. A copy of ID card.

Date, _____

Signature _____
(*The signature does not require authentication*)