**ANNEX 1**

**APPLICATION FORM**

To the attention of the Director of INAF-Osservatorio Astrofisico di Arcetri

I, THE UNDERSIGNED,

(Name(s)) …………………………………. (Surname)……………………………………………………………………………

Place of birth (Town/State/Country) ……………………………………………………………………………………………...

Date of birth (dd/mm/yy) ……………………………………………………………………………………………………………...

Nationality ……………………………………………………………………………………………………………………………………...

Permanent residence address (House number/Street/Town/Post Code/Country):

…………………………………………………………………………………………………………………………………………………………

Italian Tax Identification Number (Codice Fiscale), if available, otherwise leave blank …………………………………………………………………………………………………….

Email address: ………………………………………………………………………………………………………………………………...

agree to the processing of my personal data, in accordance with Italian Leg. Decree n. 196/2003, for the purposes of the present selection procedure,

having read the Call for Applications **D.D. n. 127/2021**  for the appointment of one research fellowship entitled: “*Physics of the ISM in galaxies through spectroscopic surveys*”.

REQUEST

to apply for the above-mentioned fellowship, and to this end, aware that false declarations are punishable by law and that this Administration will check on the accuracy of the declarations made by candidates,

DECLARE

under my own responsibility,

1. That I ‘m in possession of the following admission requirements:

**PhD** in (subject)………………………………… awarded on (date) …………………… by (University)……………………

Title of thesis …………………………………………………………………………………..

OR

**Masters degree** (or other equivalent degree which would allow admission to a PhD program in Italy) in (subject)…………………… awarded on (date) …………………… by (University) …………………… with final mark …………………… Title of thesis ……………………………………………………… and subsequent documented experience of at least 3 years in scientific activities carried out at the Institute/ University …………………… from…………………… to…………………… carrying out the following research activity: …………………………………………

……………………………………………………………………………………

1. that I have not been dispensed and / or dismissed from another at the Italian public administration for persistent, insufficient performance.
2. that I have not been declared forfeited from another employment by a public administration, pursuant to article 127, paragraph 1, letter d), of the Decree of the President of the Republic of January 10, 1957, number 3, for having obtained it by producing false documents or documents vitiated by non-remediable disability or by fraudulent means.
3. That I’m not be the holder of other scholarships, research grants, research contracts awarded for any reason

or

I’m the holder of / scholarships / research grants / research contracts awarded by the Institute/University ………………………………………with expiry date ……………………………………… and to undertake to renounce them in case of passing this selection procedure;

1. that I have never received a research award as per art. 22, Italian Law 240/2010

or ;

that I have previously received a research awards as per art. 22, Italian Law 240/2010 and, in particular I have been the recipient of[[1]](#footnote-1):

* + a research fellowship entitled ……….....................................................………………………,

at (name of the institution)………...........................................……………………………………….,

beginning……......………ending…….....……….total months ………………..

* a research fellowship entitled …………..................................................………………………,

at (name of the institution)………….................................................……………………………….,

beginning………....……ending………......……total months ……………..

* a research fellowship entitled …............................................………………..…………………,

at (name of the institution)…….................................................…………………………………….,

beginning…….....………ending………..........….total months ………………….

1. that I am aware of the restrictions described in Article 5, of the Call for Applications for this research fellowship;
2. that I am aware that, under art. 22 Italian Law 240/2010, the research fellowship:

* cannot be held in conjunction with attendance of academic courses which formally give access to a doctorate, and attendance of PhD courses with fellowship;
* cannot be held in conjunction with other fellowships of whatever kind, except those awarded with the aim of integrating the training or research activity of the fellow through a period of research abroad;
* does not permit aggregation of income from other working activities, also part-time, carried out continuously.

1. that I have a good knowledge of the English language
2. that I wish to receive any communication relating to the selection at the following address and that I will give due notice of any change of address:

Address (House number/Street/Town/Post Code/Country): ……………………………………………..........……………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

PEC or Email address: ………………………………………………………………………………………………………..

List of the documents attached to this form:

* Annex 2, **signed and dated** by the applicant;
* copy of a valid identity document (ID card for EU citizens or passport for non-EU citizens);
* curriculum vitae, **signed and dated** by the applicant providing evidence of possession of the requirements and skills required to carry out the research, including a list, if applicable, of grants and fellowships held in the past;
* a brief statement of research interests, up to three pages in length (12 pt Times New Roman);
* list of publications
* candidates with non-Italian academic qualifications (for example, applicants residing outside Italy or Italian citizens with degrees obtained outside Italy), must produce originals or suitably certified copies of these qualifications possibly with list of individual courses and exam grades. Such documents must be translated into English.

Date Signature

**ANNEX 2**

**Certification and Self-Declaration in lieu of affidavit**

**(Art. 19 - 46-47 the DPR 28th December 2000, n. 445)**

**DICHIARAZIONE SOSTITUTIVA DI CERTIFICAZIONE**

**DICHIARAZIONE SOSTITUTIVA DI ATTO DI NOTORETÀ**

**(Art. 19 – 46 – 47 del D.P.R. 28 Dicembre 2000, n. 445)**

I, THE UNDERSIGNED,

(Name(s))…………………………… (Surname)………………………………………

Place of birth (City/State/Country) ……………………………….

Date of birth (dd/mm/yy) …………………………..

Nationality ……………………………

Permanent residence address (number/street/town/postal code/Country):

……………………………………………………………………………………………

Email address: ……………………..

aware that false declarations are punishable by law and that this Administration will carry out random checks on the accuracy of the declarations made by candidates

DECLARE UNDER MY OWN RESPONSIBILITY

- THAT THE CONTENT OF THE ATTACHED “CURRICULUM VITAE” IS TRUE

- THAT THE DOCUMENTATION PRODUCED IN COPY CONFORM TO THE ORIGINAL

- ……………………

- ………………….

Date Signature

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

*\* the photocopy of a valid identity document of the signer must be attached*

1. Indicate the number of months for which the award was used and the name of the institution granting the award. Please provide details of each award, for example, if you have had two awards of 24 months each at the same institution indicate these as two separate awards on two different lines. [↑](#footnote-ref-1)