**ANNEX 1**

**APPLICATION FORM**

To

the Director of INAF-Osservatorio Astrofisico di Arcetri

I, THE UNDERSIGNED,

(Forename(s)) …………………………………. (Surname)……………………………………………………………………………

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

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

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

Gender ………………………………………………………………………………………………………………………………………….…

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

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

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. 6/2019** for the appointment of one research fellowship entitled: **“Spectroscopy of galaxies and AGNs: from VLT to ELT”**

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 carry out random checks on the accuracy of the declarations made by candidates,

DECLARE

under my own responsibility,

1. that I hold the following **(fill one of the two choices)**

* Research Doctorate (PhD) …………………………………… awarded by ………………………………………………….………………………… on date ………………………………………… Title of thesis ……………………………...…………………………………………………………………………………………………….;

Or alternatively

* Degree ……………………………………, which would formally entitle for the admission to a doctorate, awarded by ………………………………………………….………………………………………on date………………………………………………………………………………………………………………………….. Title of thesis ……………………………...……………………………………………………………………………

…………………………………………………………………………………………………………………………………………, together with at least three years of documented experience after the degree in research activities on topics related to the ones of relevance for the present fellowship:

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

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

…………………………………………………………………………………………………………………………………......;

1. that I hold the following educational qualifications………………………………………………………... ……………………………………………………………………………………………………………………………………….,

awarded by…………………………..……………………………………………………, Date………………………….;

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 contemporarily with attendance at academic courses as those that formally give access to a doctorate, as well as with attendance at PhD courses with fellowship;
* cannot be held simultaneously with other fellowships of whatever kind, except those awarded with the aim of integrating the training or research activity of the fellowship holder through a period spent abroad;
* cannot permit aggregation of income from working activities, also part-time, carried out continuously.

1. 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 (number/street/city/postal code/Country): ……………………………………………..........……………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

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

List of the documents attached to this form:

* Attachment 2 “Curriculum vitae”, **signed and dated** by the applicant, providing evidence of possession of the skills required to carry out the research and including a list, if applicable of grants and fellowships hold in the past;
* copy of a valid identity document (ID card or passport);
* if obtained outside Italy, copy of the PhD certificate or copy of the Degree with list of individual courses and exams grades **(translated into English)**;
* list of publications;
* further qualifications, working tasks, research activities at public and private institutions and publications;

Date Signature

**ANNEX 2**

**CURRICULUM VITAE**

I, THE UNDERSIGNED,

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

Date Signature

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