



Annex 1 (To be sent by registered mail with return receipt to the Department which the grant refers to)

To the Director of the Department of Di.S.Te.B.A.
University of Salento

I, the undersigned _____ born in
_____ (prov. Of _____) _____ and resident
in _____ (prov. Of _____) _____ postal code
_____ No. _____ Email

REQUEST

to be admitted to / to participate in the public selection procedure for the allocation of the grant for collaboration in the research activity called: (insert programme under article 1) :

Call _____ Title _____

Department of _____

To this end, I declare under my own responsibility:

- a) not to be employed by the University, not to provide services with other subjects in art. 22 L. 240/2010 nor with other public administrations provided for in the same art., nor in one of the situations of incompatibility provided for in article 2 of this announcement;
- b) my tax code is _____; (only for Italian applicant)
- c) to hold a degree in _____, conferred on _____ at the University of _____ with a final score of _____;
- d) to be in possession of the title of PhD in _____ conferred on _____ at the University of _____ administrative headquarters of the doctorate;
- e) to choose my address for the selection procedure in _____ (city, street, no. and postal code) tel. _____, email _____, mobile. _____
- f) to authorize the University of Salento to the processing of personal data as provided for by Article 13 of the competition.

Also attached is the list of documents (dated and signed) certifying qualifications and publications included in the evaluation as well as in only one copy, titles according to art. 3; the curriculum of scientific (dated and signed); a list of publications (dated and signed); publications that I wish to submit to the evaluation of the Commission.

I declare to be aware of the requirements of Article. 76 of the DPR 28/12/2000, n. 445, on criminal sanctions that may be incurred for cases of falsification of documents and false statements therein.

The undersigned undertakes to communicate any subsequent variations and acknowledges that the administration is not responsible for the loss of communications due to inexact address



**UNIVERSITÀ
DEL SALENTO**



DIPARTIMENTO DI SCIENZE E TECNOLOGIE
BIOLOGICHE ED AMBIENTALI

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P.I.(V.A.T.): IT 00646640755

details from the candidate, or due to lack or late change of address indicated in the application, or for any postal and telegraph errors, or problems due to third parties, accidental occurrences or force majeure.

Date _____

Signature _____ (a)

Space reserved for those who wish to benefit from
the benefits provided by art.20 law 104/1992.

___ I ___ the_ undersigned _____ claim to be disabled
within the meaning of Article 3 of Law 05.02.1992, n. 104, as reflected in the documentation and,
therefore, ask to have the following assistance and / or the following additional time:

Date _____

Signature _____ (a)

a) Put your signature on the application; the same, for citizens of the European Community, not to be authenticated by any public official.

