

CODICE CONCORSO 2021-2TECNITAB

Annex B

SELF-DRAFTED CERTIFICATION AND STATUTORY DECLARATION PURSUANT TO ARTICLES 46, 19 AND 47 OF PRESIDENTIAL DECREE NO. 445 OF 28 DECEMBER 2000

With reference to the application for admission to the public selection announcement based on qualifications and examinations, for the recruitment of n. 2 TECHNOLOGISTS on a full-time fixed-term contract (salary scale d3), for 24 months, at the Institute of Advanced Biomedical Technologies (ITAB) of the "G. d'Annunzio" University of Chieti-Pescara, in order to carry out technical and administrative activities support basic and clinical research, pursuant to art. 24-bis of law n. 240 of 30.12.2010, to the National Collective Bargaining Agreement of 19.04.2018 since compatible, and to the National Collective Bargaining Agreement of 16.10.2008 for the parts still applicable.

Selection Announcement Code: 2021-2TECNITAB

(Ref.: D.D. prot. n. 46730 of 24.6.2021, rep. n.330/2021 published in the Official Journal of the Republic (G.U.) IV special selection and examinations series n. 50 of 25/06/2021).

I, the undersigned,born
in prov. (.....) on
.....and resident in (full address)
Via.....n.....

Pursuant to and the effects of Art.46 and 47 of the Presidential Decree 445/2000 and under my personal responsibility, aware that making false statements or submitting false documents is a crime punishable by law, as indicated in art. 76 of Presidential Decree 445 of 28 December 2000,

DECLARE:

that I hold the following assessable qualifications, pursuant to art. 4 of the selection announcement:

<u>Art. 4, point 1 of the selection announcement</u>			
DEGREE MARK			
Academic Qualification*	University awarding qualification	Graduation date (day/month/year)	Mark*
<i>First cycle qualifying Degree (LT ex D.M. 509/1999 – D.M. 270/2004)</i> <i>classi SNT/03 - L/SNT3</i> <i>Or</i> <i>Second cycle specialist qualifying Degree (LS ex D.M. 509/99)</i> <i>Second cycle qualifying Degree (LM ex D.M. 270/2004)</i> <i>classi SNT/03/S - LM/SNT3</i>			
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** Please specify the Academic Qualification and the relative mark of the LT, LS or LM indicated for access to selection*

<u>Art. 4, point 2 of the selection announcement</u>				
PREVIOUS PROFESSIONAL EXPERIENCE (AT LEAST THREE YEARS) ON MAGNETIC RESONANCE IMAGING DEVICES 3 TESLA IN PERFORMING DIAGNOSTIC TESTS ON PATIENTS AND FOR EXPERIMENTAL PROTOCOLS				
Type of professional experience	Institution where the experience has been carried out	Period (from day/month/year to day/month/year)	Activity description	Document no. (e.g.: annex.n....)

<u>Art. 4, point 3 of the selection announcement</u>			
TECHNICAL AND/OR SCIENTIFIC AND/OR PROFESSIONAL TRAINING IN THE FIELD IMAGING DIAGNOSTIC, OTHER THAN COURSES AIMED AT GAINING LANGUAGE OR COMPUTER SKILLS			
Type of Course	Public Institution/Body awarding qualification or certificate (registered name and full address)	Period (from day/month/year to day/month/year)	Document no. (e.g.: annex.n....)

THE UNDERSIGNED DECLARES HAVING READ THE INFORMATION SHEET REGARDING THE HANDLING OF PERSONAL DATA, "INFORMATION ON SELECTION PROCEDURES-EMPLOYEE AREA" PUBLISHED ON THE UNIVERSITY WEBSITE AT: WWW.UNICH.IT/PRIVACY.

DATE

SIGNATURE

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