

Form 'A' FACSIMILE OF APPLICATION

TO THE RECTOR OF THE
UNIVERSITY OF CHIETI –
PESCARA

Via dei Vestini n. 31
66100 CHIETI

I,
SURNAME _____
_____(*women should indicate their maiden name*)
NAME _____
TAX CODE _____ - _____ BORN IN
_____ PROV. (initials) or foreign country of
birth _____ ON _____
GENDER _____, CURRENTLY RESIDENT IN _____
_____ PROV.(initials) _____
ADDRESS _____ Postcode _____
TELEPHONE: _____ MOBILE: _____
E-MAIL: _____

ASK

to be admitted to participate in the competition for the assignment of no. 1 Grant for collaboration in research activities:

S.C.: 02/D1 – APPLIED PHYSICS, DIDACTICS AND HISTORY OF PHYSICS
- S.S.D.: FIS/07 – APPLIED PHYSICS (TO CULTURAL AND ENVIRONMENTAL PROPERTY, BIOLOGY AND MEDICINE) – at the Department of Neurosciences, Imaging and Clinical Sciences (Project Number 810377 Project Acronym ConnectToBrain CUP. N. D54I18000270006. — ERC-2018-SyG - Grant Agreement number: 810377).

The project has received funding from the European Research Council (ERC) under the European Union's Horizon 2020 research and innovation programme (grant agreement No 810377).

To this end, in compliance with articles 46, 47 and 76 of Presidential Decree no. 445/2000 and aware that untruthful declarations are punishable in compliance with articles 483, 495 and 496 of the criminal code and special laws

I HEREBY DECLARE
DECLARATIONS IN PLACE OF CERTIFICATIONS
(art. 46 Presidential Decree no. 445/2000)
DECLARATIONS IN PLACE OF THE AFFIDAVIT
(art. 19 and 47 of Presidential Decree no. 445/2000)

1. • that I was born on the date and in the place indicated above;
2. • that I am resident in the place indicated above;
3. • that I elect the following domicile as the place to which correspondence relating to the procedure must be sent (only if different from the residence):
TOWN _____ PROV.(initials) _____
ADDRESS _____ POSTCODE _____
TELEPHONE: _____ MOBILE: _____
E-MAIL: _____
4. • that I hold the following nationality: _____;
5. • that I hold civil and political rights;
6. • that I have not received criminal sentences or I have received the following criminal sentences:

_____;
7. • that I am not aware of having been subjected to criminal investigations and proceedings pending and do have the following criminal investigations and proceedings pending: _____
_____;
8. • that I have not been dismissed or laid off by a public authority due to persistent poor performance and have not been dismissed from a public employment in accordance with art. 127, first paragraph, letter d) of the consolidated law on the statute of civil servants of the State, as approved by Presidential Decree no. 3, dated 10 January 1957
9. that I am not related by kinship or affinity to the fourth degree with a professor or researcher of the Department that requires the activation of the contract, or with the Rector or the General Manager, or a member of the Board of Directors of the University;
10.
 - that in compliance with and for all effects and purposes of art. 22 paragraph 9 of Italian Law no. 240/2010 I have no relationships with the entities as per art. 22 of Italian Law no. 240/2010 regarding research grants or fixed-term contracts as a Researcher;
 - or:
 - that in compliance with and for all effects and purposes of art. 22 paragraph 9 of Italian Law no. 240/2010 the undersigned has had the following relationships:

(indicate type of contract, type of relationship, conferring entity, precise duration of the same, any period spent on maternity or sick leave)
11. that I am in possession of at least one of the following mandatory requirements (please tick the appropriate box and indicate the elements that identify the title):

- Degree certificate in compliance with the Vetchio Ordinamento system in_ obtained on date_ _____ at the University of _____ with the following grade_____;
- Specialist post-grad degree as per Ministerial Decree 509/99 and subsequent amendments and integrations belonging to the Class_____/S in_____ obtained on date_____ at the University of _____ with the following grade_____;
- The following foreign study qualification: _____ obtained on date _____ at the University of _____ with the following grade _____;

12. to have one of the following fast track qualifications (obtained within the deadline for application)

- PhD or equivalent qualification obtained in Italy or abroad: in _____ awarded on _____, at _____.
- Medical specialisation school certificate in the sectors concerned: in _____, awarded on _____, at _____.

NB: Any candidates with qualifications obtained abroad must, within the deadline for the call, and under penalty of exclusion from the selection process, provide a copy of the provision, issued by the competent authorities, that recognises the equivalence of the qualification.

13. that I am in the following position with regard to military service:

_____;
 (for Italian citizens) the declaration of registration on the electoral roll of the Municipality of _____ OR the reasons for any non-registration or cancellation as follows:

14. (for non-Italian citizens) that I have full enjoyment of all civil and political rights of my State of origin

15. (for non-Italian citizens) the declaration of possession of an adequate knowledge of the Italian language;

STATEMENT RESERVED FOR INDIVIDUALS WITH DISABILITIES:

 _____;
 The above qualifications and requirements indicated in the call for candidates must be possessed on the date of expiry of the deadline for presentation of the application for admission to the procedure. The contract, assigned in compliance with the University's Code of ethics cannot be entered into with those who have a kinship or affinity to the fourth degree with a professor or researcher of the Department that requires the activation of the contract or with the Rector, or the General Manager, or a member of the Board of Directors of the University.

I ALSO HEREBY DECLARE THAT:

- A) I am aware that the appointment of the Committee will be decreed by the Rector and published on the official register of the University and, at the same time, on the University website;
- B) I am aware that candidates who exceed the evaluation of qualifications and publications with a score of more than (20/100) will be summoned to the interview via registered mail/personal certified email with 20 natural and consecutive days' notice. To speed up the process, advance notice will be sent by email. Any candidates who do not pass the initial selection process will not receive any communication.
- C) I am aware that the outcome of the selection to the Committee, on the basis of overall scores obtained, forms the ranking and designates the winner or declares that there is no winner.
- D) I am aware that it is the responsibility of the candidate to attach all publications for evaluation by the Committee; any publications listed but not provided will not be evaluated by the afore-mentioned

Commission.

The undersigned hereby attaches the following to the application:

- 1) detailed curriculum vitae of all scientific and professional activities indicating any research activities undertaken with public or private bodies via contracts, study grants or research contracts either in Italy or abroad;
- 2) a list of qualifications presented as self-certification or a copy thereof that complies with the original;
- 3) a list of all publications attached and the relative descriptions (Mod. C);
- 4) publications transmitted;
- 5) self-certifications as per Annex "B" of this call;
- 5) photocopy of a form of identification and national insurance code;
- 6) declaration of exams undertaken (annex D)

- Nationals of the European Union must demonstrate their qualifications through declarations in place of certifications or affidavits (annex B).

- Non-EU nationals with regular permit of stay may provide the qualifications in original form, authenticated copy or copies that comply with the original. They may use the declarations in place of certifications according to the methods in place for EU nationals to prove, status, facts and personal qualities that can be certified or attested to by Italian public bodies or whereby declarations in place are provided in application of international agreements between Italy and the State of origin of the applicant.

Non-EU nationals without a regular permit of stay may provide the qualifications in original form, authenticated copy or copies that comply with the original. The certificates, issued by the competent authorities of the country of which the non-EU national is citizen, must be accompanied by a translation in Italian authenticated by the Italian consular authority attesting to the conformity to the original.

In the latter cases, it is mandatory to send all documentation (original qualifications, authenticated copy or copy declared to conform to the original) together with the application and the annexes

Finally, the undersigned hereby gives consent for any personal data supplied to be processed, in compliance with Legislative Decree no. 196/2003 and subsequent amendments and integrations, for all purposes linked to this procedure.

(Place and date)

The Declarant (legible signature)

ANNEX 'B'

DECLARATIONS IN PLACE OF CERTIFICATIONS

(art. 46 Presidential Decree no. 445/2000)

DECLARATIONS IN PLACE OF THE AFFIDAVIT

(art. 19 and 47 of Presidential Decree no. 445/2000)

I:

SURNAME _____

(women should indicate their maiden name)

NAME _____

TAX CODE _____

BORN IN _____

PROV. (initials) _____

ON _____

GENDER _____

CURRENTLY RESIDENT IN _____

PROV.(initials) _____

ADDRESS _____

Postcode _____

TELEPHONE: _____

MOBILE: _____

E-MAIL: _____

I,

aware that untruthful declarations are punishable in compliance with articles 483, 495 and 496 of the criminal code and special laws.

DECLARE

- that everything contained in the list of qualifications annexed to the application is true;
- that everything contained in the list of publications presented, annexed to the application, is true;
- that everything contained in the list of comprehensive scientific production, annexed to the application, is true;
- that everything stated in the curriculum vitae annexed to the application is true;
- that everything contained in the documentation relating to the educational activity performed and to the professional non-medical clinical-assistance activity performed, both in the public sector, considered useful to the purposes of this procedure, is true (where presented).

with reference to the publications that:

- the publications presented, as shown in the list of publications presented, are compliant with the original, have already been published and, consequently, have already complied fully with the legal obligations (Lieutenancy Decree no. 660/1945, Law no. 106/2004 and Presidential Decree 252/2006 and subsequent amendments);**
- in the publications in collaboration, the candidate's contribution is that indicated precisely in the application and is true;**

with reference to writings still to be published, that:

- that they have been accepted for publication;
- that the publisher's letter of acceptance is compliant with the original.

(Place and date)

The Declarant (legible signature)

ANNEX "C" Facsimile of list of Publications
DECLARATIONS IN PLACE OF CERTIFICATIONS
(art. 46 Presidential Decree no. 445/2000)
DECLARATIONS IN PLACE OF THE AFFIDAVIT
(art. 19 and 47 of Presidential Decree no. 445/2000)

The undersigned

Name _____ Surname _____

(women should indicate their maiden name)

aware that any false declarations will be punished in compliance with articles 483,495, 496 of the Italian Criminal Law and specific laws on the matter,

HEREBY DECLARES

that the publications presented for participation in the call for the assignment of the research grant _____

_____ are here listed and described and attached to the application.

- I)
1) TYPE: _____
2) TYPE OF OTHER PUBLICATION: _____
3) TITLE: _____
4) AUTHORS: _____
5) YEAR: _____
6) PLACE OF PUBLICATION: _____
7) NUMBER OF PAGES: _____
8) CONTRIBUTION MADE BY CANDIDATE: _____
9) OTHER INFORMATION: _____

- II)
1) TYPE: _____
2) TYPE OF OTHER PUBLICATION: _____
3) TITLE: _____
4) AUTHORS: _____
5) YEAR: _____
6) PLACE OF PUBLICATION: _____
7) NUMBER OF PAGES: _____
8) CONTRIBUTION MADE BY CANDIDATE: _____
9) OTHER INFORMATION: _____

- III)
1) TYPE: _____
2) TYPE OF OTHER PUBLICATION: _____
3) TITLE: _____
4) AUTHORS: _____
5) YEAR: _____
6) PLACE OF PUBLICATION: _____
7) NUMBER OF PAGES: _____
8) CONTRIBUTION MADE BY CANDIDATE: _____
9) OTHER INFORMATION: _____

Etc.....

(Place and date) _____ THE DECLARANT (legible signature)

