

**Fac-simile domanda di partecipazione**

**Director of the Department of  
Medicine and Surgery**

I the undersigned .....request to be admitted to participate in the public selection procedure, by qualifications and possible interview, for the assignment of n° 1 fellowship for collaboration in research activities called: “Role of the natural antisense transcript HAS2-AS1 in breast cancer cells ag-gressiveness” of the duration of 1 year for the sector competition 05/E1 - Biochemistry and Clinical Biochemistry to the Department of Medicine and Surgery of Insubria University

According to articles 46 and 47 of Presidential Decree n. 445 dated 28/12/2000, fully aware of the penal sanctions in the case of false declarations

**declare**

- Date and place of birth \_\_\_\_\_
- Citizenship \_\_\_\_\_
- Address \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_  
State \_\_\_\_\_  
Phone \_\_\_\_\_ e-mail \_\_\_\_\_

- Italian fiscal code (if possessed):  
□□□□□□□□□□□□□□□□

- Absence of criminal record;
- To have attained (*select*):

Degree in .....  
Attained in the academic year ..... date .....  
Place .....  
Final mark/class .....

PhD/Specialization in medical area (specify) in .....  
Attained in the academic year ..... date .....  
Place .....  
Final mark/class .....

- To hold a grant for a PhD degree from ..... to ..... (total months/years .....);
- To not hold a grant for a PhD degree;
- To not be enrolled in any undergraduate degree, or specialized medical schools in Italy or abroad;
- To not be employed by the University or other bodies such as those indicated in article 3 of the notice;
- To not be employed by a private company nor to be a freelance professional;
- To have not exceeded the limits established by the laws in force for fellowship (6 years except for the period corresponding to a PhD without scholarship within the maximum limit of the legal duration of the related course);
- To have/not have a temporary researcher contract according to article 24 of Italian Law n. 240/2010. In the

affermative case specify period and institution: from \_\_\_\_\_to \_\_\_\_\_ at \_\_\_\_\_

;

- To not presently hold any other research grants or other scholarships awarded for any purpose. If so, I agree to give up such in the case of being awarded the scholarship;
- To have no family relationship to within the fourth degree inclusive with a professorial member of the Department or with the Rector, the General Director or a member of the Administrative Council of the University;
- To have been informed, according to D. Decree n. 196/2003, that personal information will be handled exclusively for the proceedings for which this declaration has been made.

Included here (select from 1 to 10) :

- 1)  original degree certificate;
- 2)  original PhD certificate;
- 3)  original medical specialization;
- 4)  original qualifications (list)  
.....
- 5)  original scientific publications (list)  
.....
- 6)  self-certification qualifications and publications (enclosure 1);
- 7) declaration of value of the foreign degree by qualified Italian Diplomatic or Consular Representations in country of origin;
- 8) scientific-professional curriculum signed and dated;
- 9) photocopy an identity document valid;
- 10) photocopy Italian fiscal code (if have).

I require, moreover, that the degree obtained abroad be declared admissible, by the Judging Commission, only for the purposes related to the selection procedure.

Place, date \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
(the signature is obligatory, on pain of nullity of admission to the selection procedure)

SELF-CERTIFICATION (article 46 and 47 D.P.R 28/12/2000, n. 445)

I the undersigned .....

born in ..... on .....

DECLARE

Under my own responsibility, aware of penalties in the case of false or medacious statements as from art.76 del D.P.R. del 28/12/2000 n°. 445 I will immediately lose the right to the fellowship:

1. I obtained the degree in ..... on ....., at .....

2. I obtained the PhD in ..... on ..... at .....

3. I obtained the diploma of specialization in the medical area in ..... on ..... at .....

4. I have the following professional – study qualifications:

- .....
- .....
- .....

5. that the photocopies of qualifications and scientific publications enclosed with the application form conform to the originals.

Here included is a photocopy of a valid identity document.

Place and date, .....

\_\_\_\_\_  
(signature)

INFORMATION ACCORDING ART. 13 DEL D.Lgs. 196/2003

Personal information will be gathered and handled according to the Laws, within the purposes related to the development of institutional activities, especially for all executions connected to the performance of research activity with University of Insubria. The agreement to handling information given is not required according to art. 24 of D. Decree n. 196/2003.

**LIST OF EXAMINATIONS**  
In integration of what was previously declared

I the undersigned ..... declare to have obtained the degree in .....  
..... on ..... at .....  
and that I have sat for the following exams, listed below.

**SUBJECT**

.....  
.....  
.....  
.....

Place, date .....

\_\_\_\_\_  
signature

**INFORMATION ACCORDING ART. 13 DEL D.Lgs. 196/2003**

Personal information will be gathered and handled according to the Laws, within the purposes related to the development of institutional activities, especially for all executions connected to the performance of research activity with University of Insubria. The agreement to handling information given is not required according to art. 24 of D. Decree n. 196/2003.

Relinquishing of the procedure by the candidate  
(to be sent by fax: 0332 217219)

Director of the Department of  
Medicine and Surgery

SUBJECT: Fellowship for collaboration in research activities “ .....” lasting  
\_\_\_\_\_ years for the scientific area of \_\_\_\_\_ - Scientific Sector  
\_\_\_\_\_ project acronym ..... in the Department of  
\_\_\_\_\_ of Insubria University code selection \_\_\_\_\_ UNIRE

Programme - Human Capital Development Agreement signed on 20/10/2009 with the Region of  
Lombardy).

I \_\_\_\_\_ the \_\_\_\_\_ undersigned  
.....

Born in ..... on  
.....

address.....  
.....  
.....  
.....

**Relinquish the right**

to participate in the procedure.

Here included is a photocopy of a valid identity document.

Place and date, .....

Signature

\_\_\_\_\_