**Annex A**

**Dichiarazione sostitutiva di atto notorio**

Self-drafted affidavit
(art. 47 del DPR n° 445/2000)
(art. 47 Presidential Decree no. 445/2000)

Il sottoscritto/the undersigned

cognome/surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_nome/name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nato a/born in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il/on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

consapevole delle sanzioni penali richiamate dall’articolo 76 del Dpr 445/2000 in caso di dichiarazioni non veritiere e falsità in atti
aware that making false statements and submitting false documents are crimes punishable by law (articles 75 and 76 of the Presidential Decree no. 445/2000)

**dichiara sotto la propria personale responsabilità
declares under his/her own responsibility**

che le pubblicazioni/ i titoli sotto elencati, prodotti in copia tramite upload, sono conformi all’originale:

that the publications and the qualifications listed below, produced as copies, comply with the originals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Milan, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data/date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma/Signature

Ai sensi dell’art. 3 del DPR 445/2000 l’autocertificazione può essere utilizzata solo dai cittadini appartenenti all’Unione Europea. I cittadini non europei devono produrre documenti originali o in copia autenticata secondo la normativa vigente.

Pursuant to art. 3 of Presidential Decree no. 445/2000, only EU citizens are entitled to use this form. Non-EU citizens must submit the original documentation or photocopies authenticated in compliance with the laws in force.

##

## Annex B/Allegato B

**DA COMPILARSI SOLO SE SI PRESENTA DOMANDA DI AMMISSIONE PER POSTI RISERVATI / THIS FORM MUST BE FILLED ONLY BY those applying for RESERVED POSITIONS**

**Dichiarazione sostitutiva di atto notorio**

Self drafted affidavit art. 47 del DPR n° 445/2000/art. 47 Presidential Decree n. 445/2000

Il sottoscritto/the undersigned

cognome/surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_nome/name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nato a/born in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il/on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

consapevole delle sanzioni penali richiamate dall’articolo 76 del Dpr 445/2000 in caso di dichiarazioni non veritiere e falsità in atti
aware that providing false data and using fake documents are crimes punishable by law (art. 75 and 76 of the Presidential Decree n. 445/2000)

**dichiara sotto la propria personale responsabilità
declares under his/her own responsibility**

* che al momento della presentazione della domanda di ammissione al presente bando risulta essere dipendente dell’Azienda/Ente ……………………………;

that at the time of submitting the application for admission to this call for applications, he/she is an employee of the Company ….………………………;

* Per i possessori di laurea magistrale LM-41 Medicina e chirurgia che risulterà iscritto ad una scuola di specializzazione di area medica in …………………… dell’Università di ……………………………..

For holders of a second cycle degree (Master’s degree) in the area of LM-41 Medicine

he/she will be enrolled in a Specialisation School in medical area in…………………….. at the University of……………………………………………………….;

che le pubblicazioni/ i titoli sotto elencati, prodotti in copia tramite upload, sono conformi all’originale:

that the publications and the qualifications listed below, produced as copies, comply with the originals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Milan, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data/date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma/Signature

Ai sensi dell’art. 3 del DPR 445/2000 l’autocertificazione può essere utilizzata solo dai cittadini appartenenti all’Unione Europea. I cittadini non europei devono produrre documenti originali o in copia autenticata secondo la normativa vigente. According to the art. 3 of the Presidential Decree no. 445/2000, only Eu citizens are entitled to use this form. Non Eu citizens must submit the original documentation or photocopies authenticated in compliance with the law in force.

## Form 1

**PROGETTO DI RICERCA / RESEARCH PROJECT**

|  |  |
| --- | --- |
| **Cognome e nome del candidato****Applicant’s Full Name** |  |
| **Corso di dottorato****PhD** |  |

**1) Titolo del progetto / Project title**

**2) Sommario / Abstract**

**3) Obiettivi e rilevanza dei risultati ottenibili nel contesto dello stato dell’arte / Project aims and their relevance in the context of the state of the art**

**4) Descrizione del progetto / project description**

**5) Bibliografia / References**

Il progetto dovrà avere almeno 2.000 e non più di 4.000 parole, bibliografia esclusa.

The project should have at least 2,000 and no more than 4,000 words, excluding references.

##  Form 2

**REFEREE FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Name** |  | **PhD** |  |

To be completed in all areas

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee’s name** |  | **Position/Title** |  |
| **Institution/Company** |  |  |  |
| **Address** |  | **City** |  |
| **Zip code** |  | **Country** |  |
| **Phone contact** |  | **Email** |  |
| **Date** |  |  |  |

**On the following scale, please rank the applicant against other students in comparable fields and indicate the comparison group used.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bottom 50%** | **Top 50%** | **Top 25%** | **Top 10%** | **Top 5%** | **Top 2%** |
|  |  |  |  |  |  |

**Please rate this applicant in overall promise for the doctorate (check one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unable to evaluate** | **Below Average** | **Average** | **Good** | **Outstanding** | **Exceptional** |
|  |  |  |  |  |  |

**Give your comments here
(Your personal evaluation about the candidate)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Form 3/Modello 3

**RICHIESTA COLLOQUIO TELEMATICO - ONLINE INTERVIEW**

**DA COMPILARSI SOLO SE IL COLLOQUIO PER L’AMMISSIONE È PREVISTO IN PRESENZA DAL BANDO E IL CANDIDATO È IMPOSSIBILITATO A PRESENTARSI**

**THIS FORM MUST BE FILLED ONLY BY APPLICANTS WHO ARE UNABLE TO SIT THE ON THE UNIVERSITY PREMISES AS REQUIRED BY THE PHD ADMISSION CALL**

IL/LA SOTTOSCRITTO/A - THE UNDERSIGNED (COGNOME/SURNAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NOME/NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PASSAPORTO O CARTA D’IDENTITÁ/PASSPORT OR IDENTIY CARD n°\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RICHIEDE DI SOSTENERE L’ESAME DI AMMISSIONE AL DOTTORATO IN MODALITÁ TELEMATICA/

REQUESTS TO TAKE THE PHD ADMISSION EXAM REMOTELY

PER I SEGUENTI MOTIVI /FOR THE FOLLOWING REASONS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATA/DATE FIRMA DEL RICHEDENTE /

SIGNATURE OF THE APPLICANT