**Annex A**

**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 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:

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

Milano, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**

**PROJECT**

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

**1) Project title**

**2) Abstract**

**3) Project aims and their relevance in the context of the state of the art**

**4) Project description**

**5) References**

The project should have at least 2,000 and not more than 4,000 words, excluding references.

**Form 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 INTERVIEW 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:

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

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

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

DATA/DATE FIRMA DEL RICHEDENTE /

SIGNATURE OF THE APPLICANT

**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)**

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