

## UNIVERSITÀ DEGLI STUDI DELL'AQUILA

Self-Declaration and Self-Declaration in substitution of attested affidavit in accordance with articles 46 and 47 of the Presidential Decree – 28th December, 2000, n.- 445

(RESERVED FOR WINNERS ENROLLED IN MEDICAL SPECIALISATION SCHOOLS)

The undersigned						born in
		_ (province		_) on	r	e <b>sident</b> in
(pro	vince	) address _				
n postal code						
					(province	addrass
domiciled in						uuuress
			n	, post	tal code	
(indicate the address where you	ı want to	receive all co	ommuni	cations re	elated to the doctorate)	
FISCAL CODE					telephone	number
+/	Pnone	number	+		e-mail	address
		<u>DEC</u>	LARE	<u>S</u>		
Decree 445/2000  - to be a citizen of						
					n	
					, postal code	
With the grade of						
- to be in possession of the						
-						
□ master's degree in						
					_ in the academic year	
on						
□ that the date of first enrollm	ent in th	e Italian Univ	ersity s	ystem is (	(dd / mm / year)//	;
☐ (for Italian citizens) to enjoy	civil an	d political rig	hts and	to be regi	istered in the electoral lists o	of the



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muni	cipality		of						_	(Prov	rince		)
or	not		to	be	registe	red	for .	the	e following		ıg	reasc	ns:
☐ (for	non-Itali not	an citi	zens) to e	njoy civ	il and polit and	tical right	ts in the star	for	the	follo	owing	reasc	ons:
□ not	to be the	holde	r of a rese	arch gra	nt (Article	22, Law	240/2010)	;					
□ t	o be	the	holder	of	a resea		rant (A	rticle t		Law	240/20	010)	at
□ not	to be a pi	ıblic e	mployee;										
□ to b	e a public	e empl	oyee at _				<del> </del>		_ and:				
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					n teaching cle 15 of th					f the Ph	.D. cour	rse (wit	th
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spe the	cialisatio Unive	n schorsity	olled, for the old in		emic year _	/_	· · · · · · · · · · · · · · · · · · ·	at the _	ye atte	ar of a r , which end at	nedical lasts Univ	_ years ersity	s, at of
in _			on	/_	mpatibility/ lution to th	, in order	to jointly	nce to th attend th	e Boar he Spe	d of Spe cialisati	cialisati on Scho	on Sch ol and	iool the
□ to be	aware tl	nat he/	she will n	ot recei	ve the Ph.D	). scholar	ship during	g the ye	ar of jo	oint atte	ndance;		



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□ that the Specialisation school's contract will end on/;					
$\Box$ to request the shortening of duration of the Ph.D. course;					
□ not to request the shortening of duration of the Ph.D. course.					
THE UNDERSIGNED ALSO DECLARES:					
to be aware that he/she will not be able to submit further applications for enrollment either at this University or at any other University, and that any enrollment at another University will implicate the annulment of the undertaken academic career;					
• to be aware that what he/she has declared is subject to the verification of the veracity of its content by the University Administration (DPR n. 445 of 28.12.2000) and that if the check reveals the untruthfulness of the content of the declaration, he/she will forfeits any benefits consequent to the provision issued on the basis of the untruthful declaration, without prejudice to the penal sanctions provided for by law.					
Place and date (Full and legible signature)					
The undersigned declares to have read the information published on the University website at <a href="https://www.univaq.it/section.php?id=573">https://www.univaq.it/section.php?id=573</a> concerning the processing of personal data collected by the University of L'Aquila for the management of the Ph.D. course and to be fully aware that personal data will be treated in the manner and for the purposes described therein in compliance with EU Regulation 679/2016 (GDPR) and Legislative Decree 196 / 2003 and subsequent amendments.					
Place and date					
(Full and legible signature)					
Attach the following documents:					
□ certification of the compatibility of the joint attendance, issued by the Board of the Medical Specialisation School (on the basis of the distance between the locations and the assessment of the activities and commitment envisaged by the School of Specialisation and the Ph.D. course);					
□ Form for scholarship scholarship rejecting for one year (form no. 05 <a href="https://www.univaq.it/section.php?id=684">https://www.univaq.it/section.php?id=684</a> );					
□ request for a reduction in the duration of the Ph.D. course addressed to the Academic Board with attached all the documentation considered useful for the Board's assessment (Art. 11 of the PhD Course Regulations); □ copy of a valid identity document;					
☐ (if foreign citizens) copy of the residence permit or registration in the registry office of the municipality of residence.					