**ANNEX B**

**Application Form for Candidates (on plain paper)**

 To the Magnificent Chancellor
of the University of Bergamo

The undersigned:

|  |  |
| --- | --- |
| Surname |  |

 *(for women, indicate maiden surname)*

|  |  |
| --- | --- |
| Name |  |

|  |  |  |
| --- | --- | --- |
| Date of birth |  |  |

|  |  |
| --- | --- |
| Place of birth |  |

|  |  |  |
| --- | --- | --- |
| Italian tax code |  |  |

|  |  |
| --- | --- |
| Permanent adress  |  |

|  |  |
| --- | --- |
| Adress for corrispondance |  |

 *(If different from permanent adress)*

|  |  |  |
| --- | --- | --- |
| Phone number |  |  |

|  |  |  |
| --- | --- | --- |
| E-mail |  |  |

 *(It is mandatory to provide a personal email address as a contact for communications related to this selection process and any potential contract signing. Any changes to the contact information must be promptly communicated to the Research Contracts Service)*

**ASK**

To be admitted to:

**Public selection procedure, pursuant to Art. 22 of Law 240 of 30th December 2010, for the recruitment of ……. Research contractors, within the framework of the PNRR project, Mission 4 “Educational and Research” – Componet 2 “From Research to Business”, Investment 1.2 “Funding of projects submitted by young researchers”, at Departments of the University of Bergamo - Code: 24CR001**

**Selection code n. …………………… for GSD …………….………… e SSD ………………….……**

announced with Chancellor’s decree Rep. no. …………………………… of ……………..., and posted on the official registry of the University on ………………………………….

aware of the criminal sanctions in the case of false declarations, referred to in art. 76 of the Presidential Decree 445/2000

**DECLARE**

**CITIZENSHIP**

[ ]  to be an Italian citizen

or

[ ]  to have the following citizen: …………………………………………………………………………………………………….

[ ]  being a foreign citizen, to have the residence permit n. ………………………………… with expire on …………………………………...……, of which I attach a copy;

or

[ ]  being a foreign citizen, I do not have a residence permit and in this regard, I declare that I am aware that the signing of the contract will be subject to the issuing of the residence permit by the competent authorities.

**GENERAL REQUIREMENTS**

[ ] to be registered in the electoral lists of the Municipality of …………………………………………………………………

or

[ ] not to be registered in the electoral lists for the following reason ……………………………………………………………………………………………………………………………………………………………………………………………………………….

*For foreign candidates*

[ ] to enjoy civil and political rights in the country of belonging

or

[ ] not to enjoy civil and political rights in the country of belonging for the following reason ……………………………………………………………………………………………………………………………………………………………………………………………………….

[ ] not to be excluded from the active political electorate

[ ] not to have received criminal convictions and not to have pending criminal proceedings

or

[ ] to have received the following criminal convictions and the following pending criminal proceedings

 (Indicate the details of sentences and of pending criminal proceedings) …………………………………………………………………………………………………………………………………………………………………………………………………………...

**EDUCATIONAL QUALIFICATION**

[ ]  to have a **PhD** in ……………………………………………………………………………………………………………………………………………………………….……. achieved at ……………………………………………………………………………………………………………………………………………………………………………………… in date ……………………………………………… cicle ………………………………… CUN Area ………………………………………………………………………. vote ………………………………………………...

or

[ ]  to have **Medical Specialization Degree** achieved at ……………………………………………………………….…………………………………………………………………………………………………………………………………………… in date ……………………………………………………………. Vote …………………………………………………

or

[ ]  to be at the **3th year** of the **PhD course** in ………………………………………………………………………………………………………………………………………………………………………………………………… at ………………………………………………………………………………………………………………………………………………………………………… from the date …………………………………………………. Cicle …………………. CUN Area ……………………………………………………………………………. and to finish the PhD in date …………………………………………………………………………………………………….

*in case of foreign qualification:*

[ ]  my foreign qualification is recognised in Italy and the equivalent certificated has the following number: ……………………………………………………………………………………………………………………………………………………………………………………………………………….

[ ]  my foreign qualification is not recognised in Italy and I attach at this application

[ ]  the certificate of initiation of the procedure for recognition of the qualification obtained abroad at an Italian University

[ ]  the certificate of initiation of the request for the "Certificate of Comparability" issued by CIMEA (Academic Equivalence Mobility Information Centre)

*In the case of a foreign qualification not declared equivalent, the candidate is aware that he/she is admitted to the procedure with reservations and that, if declared winner, the contract may be stipulated only if the qualification recognition procedure is concluded by 15/05/2025.*

**SPECIFIC REQUIREMENTS**

[ ]  to be under 41 years, as of 20th February 2025;

or

[ ]  to be under 46 years, as of 20th February 2025 and to have completed the PhD course for no more than 7 years

[ ]  to have completed a period of training and research abroad of at least 3 months from ……………………………………... to ……………………………………….

[ ]  to know the …………………………………………………………... language as indicated in the public selection

[ ] not to be a public employee

or

[ ] to be a public employee and to ask a waiting period for the entire duration of the research contract

[ ]  not to have a degree of kinship of affinity or marriage, up to and including the fourth degree, with a professor belonging to the research structure or with the Chancellor, the General Director or a member of the Board of Directors of the University;

[ ]  if enrolled in undergraduate, graduate or master's degree courses, PhD courses ~~with scholarship~~ or medical specialization, in Italy or abroad, to be aware that, in the event of the awarding of the contract, attendance at the aforementioned courses is incompatible with ownership of the contract;

[ ] not to have worked on a permanent basis as a professor of the first and second level and a university researcher even if the service has been terminated;

[ ]  not to be a permanent staff member employed on a permanent basis by a university, public research body or an institution whose scientific specialization diploma has been recognized as equivalent to the title of research doctor pursuant to article 74, fourth paragraph, of the Presidential Decree of 11 July 1980, n. 382;

[ ]  not having benefited from fixed-term research contracts pursuant to Article 24 of Law 240/2010

[ ] to be aware that the research contract is not compatible with scholarships or research grants of any kind awarded by national or foreign institutions, except those exclusively aimed at international mobility for research purposes.

[ ]  to be aware that the research contract is not compatible with the holding of research grants at other universities or public research institutions;

[ ]  to have been recognized as disabled pursuant to Law 104 of 5 February 1992

[ ]  for this reason, I request the following assistance to support the interview

……………………………………………………………………………………………………………………….

**I FURTHER DECLARE**

[ ] to have read the information on the processing of personal data available on the institutional website of the University and to authorize the Owner and the Manager to process personal data in the terms specified in the aforementioned information.

The undersigned requests to hold the interview via video conference for the following reason

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

The undersigned declares that the above data are true, being aware of the liability and the penal sanctions stated in art. 75 and 76 of the DPR 445/2000 for false affirmations and mendacious declarations that will involve the loss of the granted benefits, and that the attached documents are true copies of the original.

Luogo e Data, …………………………………………………………………….

 ……………………………………………………………………………………. (Firma)