

ATTACHED A)

Sample application form
(to be drawn up on plain paper)

To the Director of the Department of
Medical and Surgical Sciences
Advanced
Miraglia Square, 2
80138 Naples

The undersigned _____
Born in _____ prov. _____ the _____
resident in _____ prov. _____ c.a.p. _____
address _____
Tax ID code _____
telephone number _____ e-mail _____

ASKS

to be admitted to participate in the selection for the assignment of n. ___ positions of self-employed work in the form of external and temporary collaboration for research support activities to be carried out at the Department of Advanced Medical and Surgical Sciences of the University of Campania "Luigi Vanvitelli" located in Piazza Miraglia, 2 80138 Naples, as per announcement prot. n. ___ del ___/___/___-COD. ___/___/___ consisting of " _____

_____"
of which the Scientific Director is Prof.. _____.

To this end, he declares under his own responsibility, aware of the criminal sanctions, in the case of false declarations, of formation or use of false documents pursuant to articles 47 and 76 of the Presidential Decree n. 445/2000:

- ☐ that your citizenship is the following: _____;
- ☐ to be in possession of the following qualification: _____
obtained at _____ on date _____ with vote _____;
- ☐ to have obtained the academic title of Doctor of Research in _____
- ☐ on _____ at _____; to be or not to be a public employee;
- ☐ (for public employees only) to undertake to produce the authorization/no objection from the institution to which they belong, if required by the administration itself, before starting the activity which is the object of the assignment;
- ☐ to be physically fit to carry out the activity;
- ☐ not have been dismissed, relieved or fired from employment in a Public Administration for persistent insufficient performance, or terminated with a dismissal or removal order following disciplinary proceedings or criminal conviction, or declared to have forfeited another public employment for having obtained it through the production of false or invalid documents or suffered a criminal conviction which, in accordance with the

legislation in force, precludes the establishment of an employment relationship with the public administration.

- ☐ not have any family relationships up to and including the fourth degree with the Scientific Director of the Project, with any professor or researcher belonging to the Department of Advanced Medical and Surgical Sciences, nor with the Rector, nor with the General Director, nor with any member of the Board of Directors of the University of Campania.
- ☐ to elect the following domicile for the purposes of the evaluation procedure:
street _____ town _____ (prov. _____)
c.a.p. _____ cel. _____;
- ☐ to undertake to promptly communicate any change of residence or of the above-mentioned contact details;
- ☐ to be in possession of all the other requirements requested by the announcement.

Attach to this application (Form A) the curriculum vitae, duly signed, as well as the documents certifying the experiences and activities referred to in art. 4 of the selection announcement and the declarations in lieu of certification (Form B) and/or sworn statement (Form C) relating to the qualifications presented.

The undersigned also expresses his/her consent to the processing and communication of his/her personal data provided to the University Administration directly for institutional purposes and for the completion of the competition procedure, pursuant to Legislative Decree no. 196/2003 and to be aware that he/she is entitled to the rights provided for by the same law.

The undersigned _____ declares to be aware of and accept that the Department - in a self-regulation regime - with a reasoned decree of the Director, reserves the right to revoke the selection procedure, to suspend or not to proceed with the stipulation of the contract with a subject usefully placed in the ranking, due to needs that cannot be assessed or foreseen..

Place and date, _____

Signature

SUBSTITUTE CERTIFICATION STATEMENT

(art. 46 of the Presidential Decree of 28 December 2000, n. 445)

The undersigned _____

Born in _____ prov. _____ the _____

Resident in _____ prov. _____ c.a.p. _____

address _____

aware that false declarations are punishable by law pursuant to art. 76 of the Presidential Decree of 28 December 2000, n. 445 and that this Administration will carry out checks, including random checks, on the truthfulness of the declarations made by the candidates

DECLARE:

to be in possession of the professional and/or cultural qualification(s) indicated below:

[illegible]

The undersigned is aware that, pursuant to art. 13 of Legislative Decree no. 196 of 30/06/2003 “Code regarding the protection of personal data”, the personal data covered by this declaration will be processed by the University of Campania exclusively for purposes related to the selection procedure and for the performance of the institutional functions of the Administration itself. The declarant, as the interested party in the aforementioned processing, may exercise the rights established in Part I Title II of Legislative Decree no. 196 of 30/06/2003.

I attach a photocopy of my identification document

Place e date,

The Declarant ¹

1The signature is mandatory, under penalty of nullity of this declaration replacing the certification act

DECLARATION IN LIEU OF THE NOTORIETY DEED

(Articles 19 and 47 of the Presidential Decree of 28 December 2000, n. 445)

The undersigned _____

Born in _____ prov. _____ the _____

Resident in _____ prov. _____ c.a.p. _____

address _____

aware that false declarations are punishable by law pursuant to art. 76 of the Presidential Decree of 28 December 2000, n. 445 and that this Administration will carry out checks, including random checks, on the truthfulness of the declarations made by the candidates

DECLARE:

that the titles listed below, attached to this document in photocopy or digitalized on computer media, are compliant with the original:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

The undersigned is aware that, pursuant to art. 13 of Legislative Decree no. 196 of 30/06/2003 "Code regarding the protection of personal data", the personal data covered by this declaration will be processed by the University of Campania exclusively for purposes related to the selection procedure and for the performance of the institutional functions of the Administration itself. The declarant, as the interested party in the aforementioned processing, may exercise the rights established in Part I Title II of Legislative Decree no. 196 of 30/06/2003.

Place e date, _____

The Declarant

The declaration in lieu of a sworn statement must be accompanied by a photocopy of a valid identification document..