



**ATTACHMENT A  
APPLICATION FORM**

TO THE DIRECTOR OF THE DEPARTMENT OF  
MEDICINE AND SURGERY  
UNIVERSITÀ' DEGLI STUDI DELL'INSUBRIA

**Subject: Application to the competitive procedure for a research activities scholarship**

The undersigned \_\_\_\_\_  
Place of birth \_\_\_\_\_ date of birth \_\_\_\_\_  
tax code no. \_\_\_\_\_  
nationality \_\_\_\_\_  
complete address \_\_\_\_\_  
phone no. \_\_\_\_\_ email \_\_\_\_\_

asks to take part in the competition for the award of the study grant for research activities entitled:

“ \_\_\_\_\_  
\_\_\_\_\_

Therefore, following articles 46 and 47 of Presidential Decree 445/2000 and aware that false statements are punished under the Criminal Code and special laws on the subject, declares:

The possession of a university degree in \_\_\_\_\_ obtained at University \_\_\_\_\_ in \_\_\_\_\_ with the final mark: \_\_\_\_\_.

I, the undersigned, attach to this :

- (a) professional scientific CV
- (b) a photocopy of an ID and tax identification no.;
- (c) the following additional titles (specify whether they are produced as originals, as certified copies, as compliant copies or as self-certifications):

\_\_\_\_\_

The undersigned declares to have read the information on persona data protection attached to the competition notice drawn up in accordance with EU Regulation 2016/679, for the purposes of this procedure.

Place, date

signature

