



POR FSE 2014 -2020
REGIONE DEL VENETO



UNIVERSITÀ
DEGLI STUDI
DI PADOVA

To the Head of the Department of Molecular Medicine
University of Padova

I, _____ [full name]
born in _____ [city and nation]
on _____, resident at _____ [full address], social security No. (or equivalent)
_____ and having telephone no. _____,
e-mail address _____ and certified e-mail address:

HEREBY REQUEST

to be admitted to the selection process for the awarding of a research visiting fellowship,
within the Project **Interaing: development of new dietary supplements to improve the
health of elderly individuals**, project code 2105-5-11-2018.

Research: Research Visiting Advanced Scholar Fellowship
through the evaluation of qualifications and interview process.

Aware of criminal liability in the event of false or incomplete statements, pursuant to Italian
Presidential Decree 445/2000 I

HEREBY DECLARE

- to possess the following qualifications: _____
- to be a citizen of _____
- [for non-European citizens, not living in Italy] to have a valid residence permit on the date of the application
- not to be married or related to, or have an affinity with, up to and including the fourth degree of kinship, a professor or researcher working at the Department, the University Rector, the University Director General, or a member of the University's Board of Governors.
- to be working as _____
- to be aware that personal data will be collected and processed in compliance with UE Regulation of 27.04.2016 n. 679 (General Data Protection Regulation - GDPR).



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The address for communications regarding this selection is:

- my Home Address
- the following address:

_____ [street and no.],
_____ [city],
_____ [country]
_____ [postcode]
_____ [nation]

As a candidate residing abroad, I ask to be interviewed by telecommunications application.

The electronic interview will take place at: [address from where the candidate will connect]

_____ and my contact is

As required by the selection announcement I enclose:

- a) my CV detailing professional, academic and research background;
- b) a copy of my identity document;
- c) [any other documentation as indicated in the selection announcement]
- d) [any other documentation deemed relevant for the evaluation]

Date _____

Applicant's signature
