**ANNEX 1**

**APPLICATION FORM**

To the Director of INAF-Osservatorio Astrofisico di Arcetri

I, THE UNDERSIGNED,

(Forename(s)) …………………………………. (Surname)……………………………………………………………………………

Place of birth (Town/State/Country) ……………………………………………………………………………………………...

Date of birth (dd/mm/yy) ……………………………………………………………………………………………………………...

Permanent residence address (number/street/town/postal code/Country:

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

Email address: ………………………………………………………………………………………………………………………………...

agree to the processing of my personal data, in accordance with Italian Leg. Decree n. 196/2003, for the purposes of the present selection procedure.

Having read the Call for applications **D.D. n. 43/2021** for the appointment of one research fellowship entitled: **“*Development and test of scientific instrumentation for the discovery and characterization of extrasolar planets from space* "**

REQUEST

to apply for the above mentioned fellowship, and to this end, aware that false declarations are punishable by law and that this Administration will carry out random checks on the accuracy of the declarations made by candidates,

DECLARE

under my own responsibility,

1. that I hold the following
* Research Doctorate (PhD) …………………………………… ………………………………………awarded by ……………………………………………….………………………… on date …………………………………..Title of thesis ……………………………...…………………………………………………………………………………………

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

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

Or alternatively

* Master Degree……………… …………………………………… ………………………………………awarded by ……………………………………………….………………………… on date …………………………………..Title of thesis ……………………………...…………………………………………………………………………………………

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

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

1. that I hold the following educational qualifications………………………………………………………... ……………………………………………………………………………………………………………………………………….,

awarded by…………………………..……………………………………………………, Date………………………….;

1. that I am aware of the restrictions described in Article 5, of the Call for applications for this research fellowship;
2. that I am aware that, under art. 22 Italian Law 240/2010, the research fellowship:
* cannot be held contemporarily with attendance at academic courses as those that formally give access to a doctorate, as well as with attendance at PhD courses with fellowship;
* cannot be held simultaneously with other fellowships of whatever kind, except those awarded with the aim of integrating the training or research activity of the fellowship holder through a period spent abroad;
* cannot permit aggregation of income from working activities, also part-time, carried out continuously.
1. that I wish to receive any communication relating to the selection at the following address and that I will give due notice of any change of address:

Address (number/street/city/postal code/Country): ……………………………………………..........……………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Email address: ……………………………………………………………………………………………………………………..

List of the documents attached to this form:

* Annex 2, **signed and dated** by the applicant;
* copy of a valid identity document (ID card for EU – citiziens or passport for non- EU – citiziens);
* if obtained outside Italy, copy of the PhD certificate **(translated into English)** or alternatively copy of the Master Degree with list of individual courses attended and exam grades **(translated into English)**;
* curriculum vitae, **signed and dated** by the applicant providing evidence of possession of the requirements and the skills required to carry out the research and including a list, if applicable of grants and fellowships held in the past and a statement of research interests;
* list of publications and technical reports;
* further qualifications, working tasks, research activity for public and private institutions

Date Signature

**ANNEX 2**

**Certification and Self-Declaration in lieu of affidavit**

**(Art. 19 - 46-47 the DPR 28th December 2000, n. 445)**

**DICHIARAZIONE SOSTITUTIVA DI CERTIFICAZIONE**

**DICHIARAZIONE SOSTITUTIVA DI ATTO DI NOTORETÀ**

**(Art. 19 – 46 – 47 del D.P.R. 28 Dicembre 2000, n. 445)**

I, THE UNDERSIGNED,

(Forename(s))…………………………… Surname)………………………………………

Place of birth (City/State/Country) ……………………………….

Date of birth (dd/mm/yy) …………………………..

Permanent residence address (number/street/town/postal code/Country:

……………………………………………………………………………………………

Email address: ……………………..

aware that false declarations are punishable by law and that this Administration will carry out random checks on the accuracy of the declarations made by candidates

DECLARE UNDER MY OWN RESPONSIBILITY

- THAT THE CONTENT OF THE ATTACHED “CURRICULUM VITAE” IS TRUE

- THAT THE DOCUMENTATION PRODUCED IN COPY CONFORMS TO THE ORIGINAL

- ……………………

- ………………….

Date Signature

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