**ANNEX 1**

**APPLICATION FORM**

To the Director of INAF-Osservatorio Astronomico di Trieste

Via Tiepolo n. 11

34143 Trieste

I, THE UNDERSIGNED,

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

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

Date of birth (dd/mm/yy) …………………………..

Nationality ……………………………

Gender ………………

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.

I, THE UNDERSIGNED,

having read the Call for applications D.D 116/2021 for the appointment of one research fellowship entitled: - :***“ Measurement of cosmological and astrophysical parameters from the comparison of high resolution spectra of the intergalactic medium with simulations”***

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

* that I hold the following educational qualifications…………………………………,

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

* that I have a good knowledge of the English language;
* that I have ……. years of documented experience in scientific or technological activities;
* that I am aware of the restrictions described in Article 4, of the Call for applications for this research fellowship;
* that I have never received a research award as per art. 22, Italian Law 240/2010;
* that I have previously received a research awards as per art. 22, Italian Law 240/2010 and, in particular I have been the recipient of[[1]](#footnote-1):
* a research fellowship entitled ………………………………,

at (name of the institution)……………………………………………….,

beginning……………ending…………….total months ………………..

* a research fellowship entitled …………..………………………,

at (name of the institution)………………………………………….,

beginning……………ending…………….total months ……………..

* a research fellowship entitled …………………..…………………,

at (name of the institution)………………………………………….,

beginning……………ending………….total months …………………..

* that I am not a retired person;
* that I am aware that, under art. 22 Italian Law 240/2010, the research fellowship:
  + cannot be held contemporarily with attendance at academic courses, “laurea specialistica” academic courses, and “laurea magistrale” academic courses, as well as with attendance at PhD courses with fellowship;
  + cannot be held contemporarily 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.
* 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: ………………………………………………………

I attach to this form:

* Attachment 2 “Curriculum vitae”, **signed and dated** by the applicant, providing evidence of possession of the skills required to carry out the research and including a list, if applicable, of grants and fellowships held in the past;
* copy of a valid identity document (ID card or passport);
* list of publications;
* any other qualification, working task, research activity at public and private institutions and publications that the applicant deems appropriate to submit

Date

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX 2**

**CURRICULUM VITAE**

I, THE UNDERSIGNED,

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

Date

Signature\*

*\* the photocopy of a valid identity document of the signer must be attached*

1. Indicate the number of months for which the award was used and the name of the institution granting the award. Please provide details of each award, for example, if you have had two awards of 24 months each at the same institution indicate these as two separate awards on two different lines. [↑](#footnote-ref-1)