**ANNEX 1**

**APPLICATION FORM Bando 2021-04-AR**

To the Direction of INAF - Institute for Space Astrophysics and Planetology

Via Fosso del Cavaliere 100

00133 ROMA - Italy

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 …. for the appointment of one research fellowship entitled: ***“........”***

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(dd/mm/yy)…….…….……….……….…….;

 that I have professional 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 contemporary with attendance at academic courses, “laurea specialistica” academic courses, and “laurea magistrale” academic courses, as well as with attendance at Ph.D courses with fellowship;
	+ cannot be held contemporary 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 ode/Country):

Email address: ………………………………………………………

I attach to this form:

1. Annex 2 “Certification - Declaration in lieu of affidavit (Art. 19 - 46-47 the DPR 28th December 2000, n. 445)”;
2. “Curriculum vitae”, **signed and dated** by the applicant including a list, if applicable, of grants and fellowships held in the past or in progress;
3. copy of a valid identity document (ID card or passport);
4. list of publications;
5. any other qualification, working task, research activity for public and private institutions and publications that the applicant deems appropriate to submit;
6. The list of all documents submitted.

Done at ………… Date……..…..

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

 Signature (not authenticated)

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)