**ANNEX 1**

**APPLICATION FORM**

To the Director of INAF-Osservatorio Astronomico di Cagliari

Via della Scienza n. 5

09047 Selargius, Italy

I, THE UNDERSIGNED,

(First Name(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 311/2018 for the appointment of two research fellowships entitled: ***“*Mapping the magnetic field of the Fornax galaxy cluster*”***

REQUEST

to apply for the aforementioned 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 applicants,

DECLARE

under my own responsibility

* that I hold the following Research Doctorate (PhD) ……………………………… awarded by…………………………………………… on date…………………… Title of thesis……………………………………………………………..………… ;
* that I hold the following educational qualifications…………………………………, awarded by……………………………………………………………. on date…………….;
* that I have ……. years of documented experience in scientific or technological activities (including any years spent as a Ph.D. student);
* 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;
* *OR* 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 …………………..
* that I wish to receive any communication relating to the selection at the following email address and that I will give due notice of any change of address:

Email address: ………………………………………………………

I attach to this form:

* Annex 2 **signed and dated**;
* copy of a valid identity document (ID card or passport);
* Curriculum vitae 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;
* a description of the main research achievements and of how the candidate plans to
* contribute to this project (one A4 page);
* publication list;
* any other qualification, work experience, research activity for public and private institutions and publications that the applicant deems appropriate to submit;

Date

 Signature

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

**ANNEX 2**

**STATEMENT ON 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 applicants

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 also 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)