



**ANNEX 1**

**APPLICATION FORM**

*Al Direttore dell'INAF-Osservatorio Astronomico di Padova  
Vicolo dell'Osservatorio, 5  
35122 Padova*

I, THE UNDERSIGNED,

(Forename(s))..... (Surname) .....  
Place of birth (Town/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.

Having read the Call for applications **Determina Direttoriale n. 454/2025** for the appointment of one research fellowship entitled: "Calibration, performance evaluation and scientific analysis of stereo camera data"

**REQUEST**

to apply for the above-mentioned position, and to this end, aware that false declarations are punishable by law under art. 76 of Italian Presidential Decree n. 445/2000 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 (fill one of the two choices)
- ☐ Research Doctorate (PhD) .....,  
awarded by .....  
on date ..... Title of thesis .....
  - Or alternatively
  - ☐ Degree .....,  
which would formally entitle for the admission to a doctorate, awarded by .....  
on date ..... Title of thesis .....,  
together with at least three years of documented experience in research activities on topics related to the ones of relevance for the present fellowship;
- ☐ that I hold the following educational qualifications.....  
awarded by.....  
Date.....;

- ☐ that I am aware of the restrictions described in the Call for applications for this research fellowship;
- ☐ that I have a professional level of knowledge of English language;
- ☐ that I have held the following research fellowships at the following Research Institutions:  
(please, in both cases indicate the exact date of beginning and expiration)

Since -----To	Institution	Duration

- ☐ 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:

1. "Curriculum vitae" **signed and dated** providing evidence of possession of the skills required to carry out the research and including a list, if applicable of grants and fellowships hold in the past;
2. list of publications;
3. further qualifications, working tasks, research activities at public and private institutions and publications;
4. Statement of research interests and plans
5. Annex 2 **signed and dated** by the applicant;
6. copy of a valid identity document (ID card for EU-citizens or passport for non-EU citizens);

Date

Signature

.....

.....

**CURRICULUM VITAE**

I, THE UNDERSIGNED,

(Forename(s))..... (Surname) .....  
Place of birth (Town/State/Country) .....  
Date of birth (dd/mm/yy) .....  
Nationality .....  
Gender .....  
Permanent residence address (number/street/town/postal code/Country):  
.....  
.....  
Email address: .....

aware that false declarations are punishable by law under Article 76 of Presidential Decree no. 445 of 28th December 2000 and that this Administration will carry out random checks on the accuracy of the declarations made by candidates

DECLARE UNDER MY OWN RESPONSIBILITY

and in accordance with Articles 46-47 of Presidential Decree no. 445 of 28th December 2000 (“SELF-EXECUTED CERTIFICATE AND SELF-EXECUTED AFFIDAVIT”)

THAT THE CONTENT OF THE ATTACHED “CURRICULUM VITAE” REPORTS TRUE  
STATEMENTS AND FACTS

The Undersigned declares his/her consensus for his/her personal data to be treated respecting the Italian Law “Decreto Legislativo” n. 196/2003 and subsequent modifications and integrations, exclusively to fulfill the procedures necessary for the Call, for which this statement is made.

Date

Signature

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