**ANNEX 1**

**APPLICATION FORM**

 To the Director of

 INAF-Osservatorio Astrofisico di Catania

I, THE UNDERSIGNED,

(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 Determina n. 100/2020 for the appointment of one research fellowship entitled: **Methods for** **stellar rotation and magnetic activity measurements in preparation for the ESA space mission PLATO**

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 enjoy civil and political rights of the State of which I hold citizenship;

- that I have not to have been in the past or not to be at present under any penal sentence

 (if liable, please specify: ……………………………………………)

- that I hold the Master Degree in……………………………….… awarded by……………………………………………………………….……………… on date…………………with mark……………… (if applicable)

Title of thesis ………………………………………………… **and** three years of documented scientific experience as described in the CV

And/or

that I hold the Phd in………………….awarded by……………………………………………………………….……………… on date…………………with mark……………… (if applicable)

Title of thesis …………………………………………………

- **(Only If the Master degree/PHD has not been deemed valid for Italian law)**, I request the validation of the **Master degree/Phd degree**, for the sole purposes of participation in the present competition and, to this end, I attach:

a) for Italian and EU citizens: personal sworn declaration pursuant to D.P.R. 28/12/2000 n. 445, together with the university qualifications awarded and the exams records, the relative marks and duration of the course (**ANNEX 2)** ;

or

* b) for non-EU citizens: originals or suitably certified copies of all academic qualifications translated into Italian or English and legally validated with a list of the examinations taken, the relative marks and the duration of the course. The declaration of value is issued by the competent Italian diplomatic representatives in the country where the institution that made the award is based.
* that I hold the following further educational qualifications:
* ………………………….…………,

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

- that I have a professional level of knowledge of English language;

* - 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:
* 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 retired ;
* - 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: ………………………………………………………

To be attached to this form:

* “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**

Declaration (**only for** Italian and EU citizens)

I, the undersigned (Forename(s))....................... (Surname)....................................

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

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

Permanent residence address (number/street/town/postal code/Country) ……..……………..,

As candidate to the selection for one research grant issued by INAF-Osservatorio Astrofisico di Catania with Director’s Decree n. 68/2020, aware that producing false statements and forged documents, as well as the use of forged documents will be punished in accordance with the Criminal Code and with any other applicable special acts on this matter, and that this Administration will carry out random checks on the accuracy of the declarations made by candidates

DECLARE AND SELF-CERTIFY

UNDER MY OWN RESPONSIBILITY

* 1) THAT THE CONTENT OF THE ATTACHED SIGNED “CURRICULUM VITAE” IS TRUE
* that I hold the Master Degree in ……….. with marks……………..(if applicable)
* and I took the following examinations with the relative marks and that the duration of the course is ……………………………………….
* 1)…..
* 2) …..
* 3) ….

Place and date (dd/mm/yy)

 (full applicant’s signature)

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**(Only If the qualification has not been deemed valid for Italian law and only for Italian and EU citizens)**,

N.B. A photocopy, not authenticated, of a valid identity document of the applicant must be attached.