of Governors

To the Head of the Department/Centre of	
at the University of Padova	
[insert city,	
, resident at[insert house number],	
[insert street name],	
e,]	
nationality, having telephone no,	
and certified e-mail (PEC):	
HEREBY REQUESTS	
g selection process for the awarding of a research fellowship, through	
i.	
authorised by provision of Reg. no Record no dated	
HEREBY DECLARES	
e event of false or incomplete statements, pursuant to Italian	
g qualifications:	
[if not an European Union citizen and present on	
es to have a valid residence permit on the date of the application	
rsity's "Regulations Governing Research Fellowships" and to not be in	
vides for ineligibility, and not to have family or kinship relationships	
e with lecturers or researchers working at the Department elected as	
th Rector, or Director General, or a member of the University Board	

 to give their address for the managing of the selection process: 	
 Home Address 	
 to the following address: 	
[house number],	[street],
[city],	
[count	ry]
	[postcode]
Pursuant to Art. 20 of Law no.104/1992, the applicant requires th for interview process	e following arrangements
and attaches relevant disability certification.	
Declares to be aware and consents that the data provided in this in compliance with Legislative Decree no. 196/2003 and subsemodifications, for all matters relating to managing of this selection process.	equent amendments and
The application shall be accompanied by the following:	
a) a CV detailing professional, academic and research background;	
b) copy of an identity document;	
c) any other documentation as indicated in the selection announcement;	
d) any other documentation deemed relevant for the evaluation.	
Date	
Applicant's signature	