Facsimile of application form

To the Head of the Department of Mathematics "Tullio Levi-Civita" at the University of Padova

The undersigned			
			[insert city,
country] on	, resident at	[insert house number],	
			[insert street name],
[insert	postcode,]		
of	nationality, havin	ng telephone no	
e-mail	and certified e-	mail (PEC):	
	HEREBY R	EQUESTS	
to be admitted to the	following selection process	for the awarding of a resea	arch fellowship, through
the evaluation of qual	ifications and interview proc	ess:	
"Attività di supporto	all'analisi di sicurezza tran	nite Large Language Mod	els di un modello per
l'efficientamento energ	getico in ambito industriale pe	er la produzione e il trattam	ento di gas compressi "/
"Support activities for	an LLM-based vulnerability an	alysis of an energy efficienc	y model in the industrial
sector for the production	on and treatment of compresse	ed gases"	
The selection process	has been authorised by prov	rision of Record no. 2656 d	ated 25/09/2025
	HEREBY D	DECLARES	
aware of criminal liab	ility in the event of false or ir	ncomplete statements, pur	suant to Italian
Presidential Decree 44	15/2000:		
• to possess the	following qualifications:		
• to be a citizen	of	_ [if not an European Unio	n citizen and present on
Italian territor	y: declares to have a valid	residence permit on the	date of the application
deadline]			
 to have read tl 	ne University's "Regulations	Governing Research Fellov	vships" and to not be in

any condition that provides for ineligibility, and not to have family or kinship relationships

up to the fourth degree with lecturers or researchers working at the Department elected as "Research Base", or with Rector, or Director General, or a member of the University Board of Governors

• to give	e their address for the	e managing of	the selection pr	ocess:			
0	 Home Address 						
0	to the following add	lress:					
	[house num	ber],			[street],		
				[city] <i>,</i>			
		[country]					
		[postcode]					
Pursua for interview	ant to Art. 20 of Law r	no.104/1992, [.]	the applicant re	quires the follo	owing arrangements		
and attaches	relevant disability cer	rtification.					
Declar	res to be aware and c	consents that	the data provide	ed in this decla	aration can be treated		
in complian	ce with Legislative	Decree no.	196/2003 ar	ıd subsequer	nt amendments and		
modifications	s, for all matters relati	ing to managi	ng of this selecti	on process.			
The conditions	an aball ba a sasanan	:					
	on shall be accompan	•	-				
,	ling professional, acad	lemic and rese	earch backgroun	a;			
	identity document;						
c) any other c	documentation as ind	icated in the s	election annour	icement;			
d) any other o	documentation deem	ed relevant fo	r the evaluation				
Date							
		Applican	t's signature				