ANNEX 2

FAC-SIMILE (ONLY FOR EU CITIZENS)

**⃞ SUBSTITUTE DECLARATIONS OF CERTIFICATIONS (**Art.. 46 D.P.R. n. 445/2000)

**⃞** **SUBSTITUTE** **DECLARATIONS OF NOTORY ACT** (Art. 47 D.P.R. n. 445/2000)

**(in this case, attach a photocopy of a valid identity document)**

***check next to the declaration of interest***

The undersigned:

LAST NAME………………………………………………………………………….

(for married women indicate the maiden name)

NAME …………………………………… TAX IDENTIFICATION NUMBER ………………………….

BORN IN ................................................. (PROVINCE ............) ON ..................

RESIDENT IN .................................................. (PROVINCE .......)

ADDRESS …………………………………………………………………… C.A.P. ………… ..

PHONE…………... ……….……………………………………,

**DECLARES**

under his/her own responsibility pursuant to art. 38, 46 and 47 of the Presidential Decree n. 445 of 28/12/2000, aware of the criminal penalties for false hypotheses and false declarations made pursuant to art. 76 of the same Presidential Decree:

1. to be in possession of the following qualification, required as a qualification for admission to the procedure:

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

(**In the event that the qualification has not been obtained in Italy and has not been declared equivalent in accordance with current Italian legislation**), to have taken the following exams, with any related evaluation and that the legal duration of the course is years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. to be in possession of the qualifications and to have the experience / knowledge indicated in the attached curriculum;

not to be the holder of other scholarships, research grants, research contracts awarded for any reason

OR

to have been the beneficiary of study grants / research grants / research contracts awarded for any reason at the Body / University / Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned also declares to be informed, pursuant to and for the purposes of Legislative Decree 196/2003, that the personal data collected will be processed, even with information technology tools, exclusively as part of the procedure for which this is made.

I enclose an unauthenticated photocopy of a valid identity document.

Place and date ……………..

  The declarant

………………………….