

Attachment 1

**Area Didattica del Dipartimento
di Medicina di Precisione
S. Andrea delle Dame - Via L. de Crecchio, 7
80138 Napoli**

The Undersigned _____,

born in _____ on _____,

IT Tax Code:

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resident in _____, (Prov. ____),

address _____, n. _____, ZIP CODE _____,

actual Living address (If different from residency address):

City _____ address _____ (Prov. ____), n. _____,

zip code _____, House Ph. _____ Mobile Phone _____,

E-mail _____, enrolled at _____ Year of the course of Degree:

_____ University: _____

(Block Letters)

ASK FOR:

the admission to participate in the "Selection of n. 9 co.co.co. positions for teaching tutoring activities for the Master's Degree Course in Medicine and Surgery given in English at the Department of Precision Medicine for the academic year 2018/2019 ":

(indicate the SSD and denomination SSD for which it competes):

I declare under my responsibility:

- to be an Italian citizen
- to be a foreign citizen in compliance with the current provisions on residence permits;
- to possess the physical fitness to carry out the activity;
- to have no criminal convictions;
- to be enrolled in:
 - VANVITELLI PhD Program
 - single-cycle master's degree courses at VANVITELLI
 - Specialist / Master's Degree Course at VANVITELLI
 - Research Doctorate at a non-consortium University with VANVITELLI
 - to Research Doctors Master's course of VANVITELLI
 - limited to disabled students, students enrolled in the three-year degree program of VANVITELLI
 - you are already a Research Doctor in _____
- not to be in a relationship of kinship or affinity up to the fourth degree included with any professor and researcher belonging to the Department of Precision Medicine neither with the Rector, nor with the General Director, nor with any member of the Board of Directors of the University of Studies of Campania VANVITELLI.
- to give their consent for the processing and communication of their personal data provided to the University Administration directly for institutional purposes and for the completion of the insolvency procedure, in accordance with current legislation and to be aware that the rights foreseen are for him by the same law.

A list of the publications and titles presented in the attachment to the application, as well as the attachments 2 (substitutive declaration of certification) and 3 (substitutive declaration of the deed of notoriety) is attached as a duplicate.

(Signature)

Attachment 2**CERTIFICATION SUBSTITUTE DECLARATION**
(articles 47 and 76 of the D.P.R. n. 445 of the D.P.R. 28.12.2000)

I undersigned _____,
 Born in _____ the _____ resident in (city) _____,
 (Full address) Via / Piazza _____ n. _____,
 ZIP CODE _____

aware of the penal sanctions, in the case of untruthful declarations, of the formation or use of false documents (art. 76 of the D.P.R. n. 445/2000); - pursuant to art. 47 of the D.P.R. n. 45/2000:

DECLARES

that the titles listed below in this copy are in compliance with the original

A copy of the valid identification document is attached.

_____, ____ / ____ / ____
 (Place and date)

 (Signature of the declarant)

Information - The personal data covered by this declaration will be processed by the University of Campania L. Vanvitelli in compliance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 concerning the protection of natural persons with regard to treatment of personal data, as well as the free circulation of such data and repealing directive 95/46 / EC general regulation on data protection and exclusively for the performance of the institutional functions of the same Administration.

 (Signature of the declarant)

Attachment 3

NOTORIETY

(articles 19 and 47 of the Presidential Decree of 28 December 2000, No. 445)

I undersigned _____,
Born in _____ the _____ resident in (city) _____,
(Full address) Via / Piazza _____ n. _____,
ZIP CODE _____,

aware that false declarations are criminally punished pursuant to art. 76 of the D.P.R. December 28, 2000, No. 445,

DECLARES

that the titles listed below in this photocopy are in compliance with the original:

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- _____

A copy of the valid identification document is attached.

_____, ____ / ____ / _____
(Place and date)

(Signature of the declarant)

Information - The personal data covered by this declaration will be processed by the University of Campania L. Vanvitelli in compliance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 concerning the protection of natural persons with regard to treatment of personal data, as well as the free circulation of such data and repealing directive 95/46 / EC general regulation on data protection and exclusively for the performance of the institutional functions of the same Administration.

(Signature of the declarant)