APPLICATION FORM

**CALL FOR APPLICATIONS TO AWARD 1 "PASQUALE SFAMENI" PRIZE TO A DISTINGUISHED YOUNG RESEARCHER WHO HAS CONTRIBUTED SIGNIFICANTLY TO THE ADVANCEMENT OF KNOWLEDGE IN OBSTETRICS AND IN PARTICULAR IN THE PHYSIOPATHOLOGY OF THE PLACENTA**

CLOSING DATE FOR APPLICATIONS: 22/05/2024

## SAM - Medical Service Area

University of Bologna

Temporary Personnel Office

sam.nonstrutturati@unibo.it

I, THE UNDERSIGNED SURNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BORN IN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PROV.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RESIDING IN THE MUNICIPALITY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PROV.\_\_\_\_\_\_\_\_\_) STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO. \_\_\_\_\_\_\_ POSTCODE \_\_\_\_\_\_\_\_\_\_\_, TEL. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### ASK

TO BE ADMITTED TO THE CALL FOR APPLICATIONS TO AWARD 1 PRIZE TO A DISTINGUISHED YOUNG RESEARCHER WHO HAS CONTRIBUTED SIGNIFICANTLY TO THE ADVANCEMENT OF KNOWLEDGE IN OBSTETRICS AND IN PARTICULAR IN THE PHYSIOPATHOLOGY OF THE PLACENTA

To this end, pursuant to Articles 19, 46, and 47 of Italian Presidential Decree no. 445 of 28/12/2000 concerning Administrative Documentation, and aware of the criminal penalties for making false declarations and for creating or using false documents, as referenced in art. 76 of the above Presidential Decree,

#### DECLARE

1. that I am a citizen of \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. that I have not been convicted of criminal offences \_\_\_\_\_\_\_\_\_\_\_
3. that the above information is true
4. that all communications concerning the call are to be sent to the following address (if different from that of residence):

TOWN/CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PROV.\_\_\_\_\_) STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO. \_\_\_\_\_\_ POSTCODE \_\_\_\_\_\_\_\_\_, TEL. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. that I have the following academic qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify the highest qualification obtained)

awarded on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

I, the undersigned, agree to promptly communicate any and all changes to the information declared above.

I, THE UNDERSIGNED, ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

❑ Photocopy of a valid ID document

❑ List of publications

❑ Dated and signed CV

I, the undersigned, declare that the information stated in the CV is truthful, in accordance with Article 46 of Italian Presidential Decree 445/2000.

Any personal data sent by the candidates with their application for the competition will, pursuant to Article 13 of Italian Legislative Decree 196/2003, be processed solely for the purposes of this Competition.

Bologna,

# The Declarant