

**APPLICATION FORM TO PARTICIPATE IN THE CALL
FOR GRANT APPLICATIONS FROM FOREIGN NATIONALS
ANNOUNCED BY THE "FONDAZIONE ING. ALDO GINI" FOR THE YEAR 2017**

Applications must be sent, by registered post or preferably by express courier, to the
"Fondazione Ing. Aldo Gini", Via Portello n. 15, 35129 Padova, Italy
No later than 15 September 2017

The undersigned

(Surname) _____

(Given Names) _____ Sex _____

Place of birth _____ date _____

Nationality _____

Home address _____

e-mail _____

APPLIES

to participate in the call for the awarding of a grant to be enabled to carry out a period of study/research at
the Department of _____
of the University of Padova for a period of _____ months.

The undersigned, aware that false declarations, the specification of data not corresponding to the truth and
the use of false documents will entail the rejection of the application or revocation of the grant.

DECLARES

1. Nationality _____
2. To possess a Master of Science Degree in _____
3. from the University of _____
4. date _____ marks _____

ATTACHES

- 1) Curriculum vitae in European format (*listed publications should cite the ISI or Scopus code if available*).
- 2) Notification of any contributions obtained for study and/or research activities from which the candidate might benefit during the period of the grant.
- 3) Copy of Master of Science certificate with indication of the exams taken and relative marks.
- 4) Detailed programme of the studies or research to be carried out, indicating the period, Department and any presumed fees for enrolment in or attending courses.
- 5) Declaration of acceptance and interest by the supervisor countersigned by the Director of the hosting Department; such a declaration will be evaluated by the Scientific Committee of Fondazione Gini in the assignment of the grant.
- 6) Declaration by the candidate of not enjoying any PhD scholarship from the University of Padova during the period he/she will be supported by Fondazione Gini.
- 7) Declaration of adequate knowledge of the English language.
- 8) Any other useful credentials _____
- 9) Copy of passport.

Date _____

Signature _____

Authorization for the management of personal data.

The undersigned authorizes the use of his/her personal data by the "Fondazione Ing. Aldo Gini", in compliance with D.Lgs. 196/2003.

Date _____

Signature _____