ANNEX A:
APPLICATION FORM

To the Director of INAF - Osservatorio di Astrofisica e Scienza dello Spazio di Bologna
Via Gobetti 93/3
40129 Bologna

I, THE UNDERSIGNED,
(Forename(s) . . . ………………………………. (Surname) ……………………………………..
Place of birth (City/State/Country) ………………………………………….
Date of birth (dd/mm/yy) …………………………………….
Nationality ………………………………….
Gender ………………………..
Permanent residence address (number/street/town/postal code/Country):
………………………………………………………………………………………
Email address: ………………………..
agree to the processing of my personal data, in accordance with Italian Leg. Decree n. 196/2003,
for the purposes of the present selection procedure.

I, THE UNDERSIGNED,

having read the Call for applications for the appointment of one research fellowship entitled :
" *High redshift galaxies on gravitationally-lensed and blank fields* "

request
to apply for the above mentioned fellowship, and to this end, aware that false declarations are
punishable by law and that this Administration will carry out random checks on the accuracy
of the declarations made by candidates,

DECLARE
under my own responsibility
   a) that I was born in the place and date reported above;
   b) that I am resident at the address reported above;
   c) that I am a citizen …………….;
   d) that I enjoy civil and political rights in the country of origin;
   e) that I have not received any criminal convictions or have criminal proceedings in
      progress (conversely, please specify which kind of convictions or proceedings);
   f) that I am not satisfying any Ineligibility and incompatibility with other funding
      according to Art.3 of this Call;
   g) that I hold the requisites according to Art. 2 of this Call and that I hold the following
      educational qualifications:

      ………………………………………………………………………………..,

      awarded by …………………………………………………………………………

      ……………………………………………… Date ………………………………….;

h) that i wish to receive any communication relating to the selection at the following address and that I will give due notice of any change of a address:

Address   (number/street/city)   /postal code   /Country)

………………………………………………………………………………………......

Email address: …………………………………………………………

I attach to this form:
1) "Curriculum vitae" **signed and dated** by the applicant;

2) copy of a valid identity document (ID card or passport);

3) Documentation that provide evidence of possession of the skills required to carry out the research and including a list, if applicable, of grants and fellowships held in the past, according to Artt. 1 and 2 of this Call;

4) certificate or self-certification certifying the achievement of the educational qualification (e.g., Laura, PhD), indicating the title, institution and date;

5) list of publications, providing the copies of those relevant for this application and that are not present on the ADS database;

6) any other qualification, working task, research activity at public and private institutions and publications that the applicant deems appropriate to submit;

7) List of all the documents presented in this application;

I, THE UNDERSIGNED, agree to the processing of my personal data, in accordance with Italian Leg. Decree . 196/2003 and subsequent amendments and additions, for the purposes of the present selection procedure.

(Place e Date) …………………………………………......

Signature (*)

……………………………………………

(*) This declaration does not require the certified signature according to Art. 39, Paragraph 1, of the DPR 445/00.

ANNEX B
SELF-DECLARATION (artt. 19, 46 e 47 of the DPR n. 445/2000 and
subsequent amendments and addition and artt. 75 e 76 of the DPR n. 445/2000 and subsequent amendments and addition)

I, THE UNDERSIGNED,

(Name/Surname) ………………………………. ID (fiscal code) …………………………………………………

place of birth ………..

date of birth ……………………………………. with residence in ………………………………………

……………………………….., aware that, according to Art. 76 del D.P.R. 28 dicembre 2000, n. 445, false declarations are punishable by law and that they may involve, in the most serious cases, the temporary ban from public offices;

DECLEAR:

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I, THE UNDERSIGNED, agree to the processing of my personal data, in accordance with Italian Leg. Decree . 196/2003 and subsequent amendments and additions, for the purposes of the present selection procedure.

(Place e Date) ………………………………………….....

Signature (*)   …………………………………………

N.B. attach a copy of a valid identity document (ID card or passport);

(*) This declaration does not require the certified signature according to Art. 39, Paragraph 1, of the DPR 445/00.

ANNEX C
DATA NEEDED FOR THE INTERVIEW

I, the undersigned, (Name) ……………………..………(Surname) …………………………………………………..

Place of birth ………………………………………………………….. Date of birth …………………………..

Citizen ……………………………………. Residence ………………………………………………..…………………..

………..

E-Mail: …………………………………………………………….

communicates

that in case of the interview is requested for the present post-doctoral grant on "High redshift galaxies" and in the case it is performed in electronic way :

1 - the preferred platform for performing the interview (e.g., Skype, etc.)

_____

2 - address/username for the call

_____

(Place e Date) ……………………………………………..

Signature (*)

……………………………………………..