

ANNEX A:
APPLICATION FORM

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

Subject: **Application for the Post doctoral position on galaxy spectroscopic surveys**

I, born in (county) on nationality
..... residing in street/square nr..... ZIP code
....., e-mail

agree with the treatment of personal data, according to the Legislative Decree n. 196/2003, in the context of the present selection procedure.

I, after reading the call described in the Directorial Resolution n. 169 of 17th November 2022 for the assignment of a post-doctoral position with the title: **“Study of the physical processes driving galaxy evolution through photometric and spectroscopic observations with new generation instruments (MOONS, WEAVE, JWST, Euclid)”**

ASK

to be admitted to the selection procedure for the assignment of the aforementioned post-doc position, and to that goal, knowing that false declarations are prosecuted by law and that this Administration will run sample checks on the truthfulness of the declarations by the applications,

DECLARE

under my own responsibility

- a) that I have a PhD (or equivalent) title in released by
..... on with the title
“.....”;
- b) that I have the following education titles released by
.....on (dd/mm/yyyy)
- c) that I achieved a professional level of knowledge of the English language
- d) that I have nr. years of documented experience in scientific or technological activities;
- e) that I fulfill the requirements listed in the Art. 2 of the call and the following titles:
.....;
- f) that I am aware of the limitations described in the Art. 3 of the call for applications to the described post-doc position;
- g) that I have never obtained a post-doc position (“Assegno di ricerca”, AdR) as in Art. 22, Italian law 240/2010;
- h) that I have already obtained a post-doc position (“Assegno di ricerca”, AdR) as in Art. 22, Italian law 240/2010 and, in particular, I received (1) an:
- “Assegno di ricerca” with the title, spent at
....., date of beginning
end total number of months
 - “Assegno di ricerca” with the title, spent at
....., date of beginning
end total number of months
 - “Assegno di ricerca” with the title, spent at
....., date of beginning
end total number of months

- i) that I have not retired;
- j) that I am aware that, according to the Art. 22 of the Italian law 240/2010, "Assegno di ricerca" grants:
 - cannot be cumulated with the participation to specific degree university courses, with master courses, nor with PhD programs;
 - cannot be cumulated with other grants or post-doc positions, with the exception of those meant to integrate the formation or the research activity of the grant holder through periods of work activity abroad;
 - cannot be cumulated with other stable income from job activities, even if on a part-time base.
- k) that I would like to receive the communications concerning the selection process at the following postal address and that I will notify at due time any possible address change:
 Address (street / number / city / ZIP / country):
 e-mail:

City: - County:
 Address: - ZIP:
 Telephone: - Email:

I attach the following documentation:

1. Attachment B - substitute declaration of certificate - substitute declaration of deed of notoriety (Art. 19 - 46 - 47 del D.P.R. 28 december 2000, n. 445);
2. "Curriculum vitae", with my signature and date, and that lists possible past or on-going grants and post-doc positions;
3. Copy of an identification document;
4. List of publications;
5. Documentation for any other title, work experience, research activity at public or private institutions that might be relevant for the selection;
6. A list of all the submitted documents.

Finally, I agree that my personal data can be used in the context of this selection procedure, according to the Legislative Decree 196/2003 and following modifications and additions.

(Place and date) Signature (*)

=====
 (1) List the number of months during which the grant was used and the name of the institution that enabled it. Please provide details on each grant, e.g., if someone obtained 2 grants by 24 months each at the same institute, please list them on two different lines.

(*) This declaration does not require the signature authentication according to Art. 39, comma 1, of the Decree from the President of the Republic 445/00.

ANNEX B

SUBSTITUTE DECLARATION OF CERTIFICATION AND SUBSTITUTE DECLARATION OF DEED OF NOTORIETY

(articles 19, 46 and 47 of DPR nr. 445/2000 and later modifications and integrations; and articles 75 and 76 of DPR nr. 445/2000 and later modifications and integrations)

I,, tax code, born in (county.....), on and residing in, street/square, ZIP code, knowing that, according to Art. 76 of D.P.R. 28 December 2000, nr. 445, false declarations, false acts and the use of false acts are punished according to the penal code and to dedicated laws on this matter, and knowing moreover that such crimes, if committed in the application of a public office, might lead to a temporary exclusion from any public office;

DECLARE:

.....
.....
.....

Moreover, I declare that I was informed, according to the law 196/2003, that the my personal data, including those collected with IT tools, will be exclusively used in the context of the selection process for which this declaration is presented.

(Place, date)

.....

The declarant (*)

Please attach a copy of a valid identification document.

(*) The present declaration does not require the validation of the signature according to Art. 39, comma 1, of DPR 445/00.

ANNEX C

DATA FOR THE INTERVIEW IN VIDEOCONFERENCE MODE

I, (first name) (surname) Place of birth
..... Date of birth Nationality Resident in
.....
E mail

DECLARE

that if admitted to the interview for the post-doctoral position with the title: ***“Study of the physical processes driving galaxy evolution through photometric and spectroscopic observations with new generation instruments (MOONS, WEAVE, JWST, Euclid)”***, the interview will take place in videoconference mode as follows:

1 – platform used for the connection (please flag the preferred option):

Skype Zoom Google Meet

2 – address / ID for the connection

(Place and date)

(Signature)

ANNEX D

REQUEST TO RECOGNIZE FORMATION AND TITLES FROM ABROAD (EVENTUALE)

Dr. _____ born on _____ in
_____ nationality: _____ residing in

ZIP code _____ address _____
telephone _____ email _____
title / degree and relative translation _____
awarded on (DD/MM/YYYY) _____ released by _____
_____ on _____

ASKS

that the title / degree will be evaluated, according to Art. 4 comma 1 and 2 of DPR nr. 189/2009, for the application to the post-doctoral position with the title: ***“Laboratory testing of X-ray detectors for space missions”***.

DECLARE

that the translation into Italian of the foreign qualification referred to above is in conformity with the original

Date _____

Signature _____