**ANNEX A**

**APPLICATION FORM**

The Director of the Department of Mathematics and Physics

University of Roma Tre

The undersigned (name and surname) .................................................................................... born in ..................................... (.......)

 ()

date ..................., place of residence.................................................. (..........) post code …….. – C. F. (fiscal code ) …………………………………………..

address for the competion:

town …..........................................................( state.....) Street …….......................................................... Post Code..............

Telephone number ....................................... Mobile Phone . …………………………. E-mail ……………………………………………………..

**ASKS**

to participate in the competition for the assignment of the grant for the research program titled

 “Measurement of the Higgs boson self-coupling with the ATLAS experiment and at future particle colliders”.

**REP. N. …..**  which will take place in the **Department of Mathematics and Physics**

**DECLARE UNDER ITS RESPONSIBILITY:**

**1)** Citizenship.......................................................;

**2)** declares to have obtained the degree in.......................................................................... and obtained in date ........................

at the University of.................................................................................... with the grade of ......................................;

**3)** declares to have obtained the PhD in.....................................................................................

obtained in date ............................, at the University of ........................................................................................;

**4)** To not receive any kind of other scholarships with the exception of those which are usefull to integrate, with trip abroad, the research activity. Or to give up the above scholarship if win the contest.

**5)** To not have L.240/2010 research grants for a total period of more than 60 months.

**6) T**o not be an official at the Universities , Astronomical Observatories , Astrophysical and Vesuvian , public bodies and institutions of research in art. 8 of D.P.C.M. 12/30/93 , 593 and subsequent amendments and supplements, ENEA and ASI.

**7)** To not have a degree of consanguinity or affinity up to the fourth degree , with a professor at the Department in which the research grant will be carried out, and even with the Rector, the General Manager or a member of the Board of Governors.

**8)** To be aware of all the rules contained in the announcement.

**9)** To undertake to inform the University of any changes of their residence or address.

**Attached:**

 Personal declaration of graduation, indicating the title of the thesis discussed and the final mark. In the case of degree obtained abroad the title of the appropriate equivalence must be accompanied or to be submitted to the Department Council for recognizing the sole purpose insolvency - ANNEX B ;

 Declaration attesting the possession of a PhD; in the case of PhD obtained abroad the title of the appropriate equivalence must be accompanied or to be submitted to the Department Council for recognizing the sole purpose insolvency - ANNEX B ;

 Copies of publications and any other qualifications useful for the assessment of the Commission;

 Detailed scientific and professional curriculum showing the suitability of the research activity to be carried out.

I authorize the Roma Tre University to the processing of personal data , in accordance with law . n . 196 of 30/06/03 .

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (original signature)

**ANNEX B**

**DECLARATION SUBSTITUTE FOR CERTIFICATE PREPARED IN SIMPLE PAPER**

**(DPR 28/12/2000, n° 445 *“Testo Unico delle disposizioni legislative e regolamentari in materia di documentazione amministrativa*)**

The undersigned ............................................................... (C. F. fiscal number ………….........................................................)

born in ......................................................... in date......................................, adress .....................................................................

....................................................... telephone number ......................................., mobile phone ......................................,

e-mail ……………………………………………………………………… aware that false declarations are punishable under the Criminal Code and other rules in force

**DECLARE**

1b. **Please fill in this box if you obtained the degree from a no Italian University**

declares to have obtained the degree in

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
obtained in date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ at the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with the grade of \_\_\_\_\_\_/\_\_\_\_\_\_

**Please fill in this part only if you have already obtained a PhD**

1. declares to have obtained the PhD in.....................................................................................................,

at the University of ...............................................................................................................................,

the PhD defense took place in date ...…....................,

the title of the PhD thesis is: .................................................................................................................................................

I authorize the Roma Tre University to the processing of personal data , in accordance with law . n . 196 of 30/06/03 .

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (original signature)

**Please attach a copy of an identification document, for example your passport**

**ANNEX C**

**DECLARATION SUBSTITUTE FOR CERTIFICATE PREPARED IN SIMPLE PAPER**

**(DPR 28/12/2000, n° 445 *“Testo Unico delle disposizioni legislative e regolamentari in materia di documentazione amministrativa*)**

The undersigned................................................................... (fiscal number ………….........................................................)

born in ....................................................... (.....) in date......................................, adress .............................................. (.....)

Street ..........................................................., telephone number ......................................., Mobile phone . ............................,

e-mail ……………………………………………………………………… aware that false declarations are punishable under the Criminal Code and other rules in force

 **(DECLARES THAT ALL THE COPIES OF THE TITLES, OF THE PUBBLICATIONS, AND ANY OTHER QUALIFICATIONS ATTACHED** **TO THIS APPLICATION FORM** **ARE FULLY COMPLIANT WITH ORIGINAL.)**

I authorize the Roma Tre University to the processing of personal data , in accordance with law . n . 196 of 30/06/03 .

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (original signature )