

**TO THE DIRECTOR OF THE
DEPARTMENT OF CLINICAL-SURGICAL, DIAGNOSTIC AND PEDIATRIC SCIENCES**

Campus della Salute – Università di Pavia, Viale Golgi n. 19 presso Policlinico San Matteo, 27100 Pavia

The undersigned

SURNAME																									
NAME																									
FISCAL CODE																									
PLACE OF BIRTH																									
PROVINCE			COUNTRY																						
DATE OF BIRTH							SEX																		
CITIZENSHIP																									

PERMANENT RESIDENCE:

ADDRESS																					N.					
CITY/TOWN																					PROVINCE					
POST CODE						COUNTRY																				
TELEPHONE											MOBILE															
E-MAIL																										

Please, put a cross if your permanent address coincides with your correspondence address

CORRESPONDENCE ADDRESS (IF DIFFERENT):

ADDRESS																					N.					
CITY/TOWN																					PROVINCE					
POSTAL CODE						COUNTRY																				
TELEPHONE											MOBILE															

Please pay attention to provide the right Correspondence Address. It will be used to transmit all the communications concerning the selection procedure. Candidates must promptly communicate any change in the contact information.

ASK

To be admitted to the following public selection for the assignment of the scholarship **“Holistic approach to the patient undergoing invasive mechanical ventilation”**:

B) to be aware that the University administration does not have any responsibility for missed communications due to wrong information concerning permanent address or contacts, or due to belated or missing notice about variation of the above-mentioned addresses, nor of any postal or telegraphic errors due to third party or to unforeseen and fortuitous events

C) to communicate immediately, through registered letter with signed return receipt, any change of residence or contact information occurring after the presentation of the application form;

D) to be aware of the penal sanction in case of false statement, in accordance with Art.76 of the DPR (Italian law) 445 of December 28th, 2000;

E) to be aware of art. 75 of DPR 445 of December 28th, 2000 about the loss of benefits related to the assignment if, after a check, the Administration discovers the untruthfulness of the aforesaid declarations;

F) to allow the University of Pavia to use collected personal data for the selection purposes and for the scholarship assignment procedure, in accordance with the D. LGS (Italian Law) n.196, June 30th, 2003 "Legislation concerning the protection of personal data";

G) to have read carefully the norms contained in the call for application;

H) TO ATTACH THE FOLLOWING DOCUMENTS:

1. A signed and dated scientific curriculum
2. Photocopy of a current ID card
- 3.
- 4.

DATE / / SIGNATURE _____

WARNING:

Application forms non signed, lacking in personal data, statements, documentation, without the exact title of the competition of interest and application forms forwarded after the deadline will not be considered.