

## Attachment 1

**Area Didattica del Dipartimento  
di Medicina di Precisione  
S. Andrea delle Dame - Via L. de Crecchio, 7  
80138 Napoli**

The Undersigned \_\_\_\_\_,  
born in \_\_\_\_\_ (mm/dd/yy) \_\_\_\_\_,  
IT Tax Code: \_\_\_\_\_, resident in (City) \_\_\_\_\_,  
(State) \_\_\_\_\_, (Country) \_\_\_\_\_;  
address \_\_\_\_\_, n. \_\_\_\_\_, zip code \_\_\_\_\_,  
actual Living address (If different from residency address):  
address \_\_\_\_\_, n. \_\_\_\_\_, zip code \_\_\_\_\_,  
(city) \_\_\_\_\_, (Country) \_\_\_\_\_; House Phone \_\_\_\_\_,  
Mobile Phone \_\_\_\_\_, E-mail \_\_\_\_\_,  
enrolled at \_\_\_\_\_ Year of the course of Degree: \_\_\_\_\_ University: \_\_\_\_\_

*(Block Letters)*

### ASK FOR:

**the admission to participate at " Selection procedure for the awarding of grants designed to encourage tutoring activities and to provide supplementary, preparatory and remedial teaching activities for the single-cycle Master's Degree Course in Medicine and Surgery to be taught in English at the Department of Precision Medicine for the academic year \_\_\_\_/\_\_\_\_":**

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*(indicate the SSD and denomination SSD for which it competes):*

I declare under my responsibility:

- to be an Italian citizen
- to be a foreign citizen in compliance with the current provisions on residence permits;
- to possess the physical fitness to carry out the activity;
- to have no criminal convictions;
- to be enrolled in:
  - VANVITELLI PhD Program
  - single-cycle master's degree courses at VANVITELLI
  - Specialist / Master's Degree Course at VANVITELLI

Research Doctorate at a non-consortium University with VANVITELLI

to Research Doctors Master's course of VANVITELLI

you are already a Research Doctor in \_\_\_\_\_

not to be in a relationship of kinship or affinity up to the fourth degree included with any professor and researcher belonging to the Department of Precision Medicine neither with the Rector, nor with the General Director, nor with any member of the Board of Directors of the University of Studies of Campania VANVITELLI.

to give their consent for the processing and communication of their personal data provided to the University Administration directly for institutional purposes and for the completion of the insolvency procedure, in accordance with current legislation and to be aware that the rights foreseen are for him by the same law.

*A list of the publications and titles presented in the attachment to the application, as well as the attachments 2 (substitutive declaration of certification) and 3 (substitutive declaration of the deed of notoriety) is attached as a duplicate.*

\_\_\_\_\_  
(Signature)



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A copy of the valid identification document is attached.

\_\_\_\_\_, \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
(Place and date)

\_\_\_\_\_  
(Signature of the declarant)

Information - The personal data covered by this declaration will be processed by the University of Campania L. Vanvitelli in compliance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 concerning the protection of natural persons with regard to treatment of personal data, as well as the free circulation of such data and repealing directive 95/46 / EC general regulation on data protection and exclusively for the performance of the institutional functions of the same Administration.

\_\_\_\_\_  
(Signature of the declarant)



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A copy of the valid identification document is attached.

\_\_\_\_\_, \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
(Place and date)

\_\_\_\_\_  
(Signature of the declarant)

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\_\_\_\_\_  
(Signature of the declarant)