

CONFIRMATION OF THE SCHOLARSHIP (A.Y. 2020/21)

(according to articles 38, 46 and 47 of D.P.R. 445 of 28.12.00 "Public administration documentation Act")

Fully aware that any materially false or misleading declarations shall subject me to sanctions, under the Italian Criminal Code and other applicable legislation, and cause me to lose any benefits based on false declarations.

Please print out this form, fill it in by hand (write legibly in block capitals), sign, scan it and email to dottorati@amm.units.it.

Università degli Studi di Trieste - Settore Servizi agli studenti e alla didattica – Ufficio Dottorati di ricerca
P.le Europa, 1 - 34127 – TRIESTE dottorati@amm.units.it

PhD Programme in

cycle

I, the undersigned,

Surname

Name

Date of birth

Place of birth

Province (if any)

| | | |
|----------------------|----------------------|----------------------|
| day | month | year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Permanent residence (city or town)

Province (if any)

Permanent address

Street number

Place of domicile in Italy (if different from the permanent residence - it can be provided after arrival in Italy)

Province

Address in Italy

Street number

REQUEST

to keep (check where appropriate) **YES** **NO** the scholarship

DECLARE

in order to confirm the use of a scholarship assigned at the moment of enrolment to the Doctorate (even if grants are frozen due to a suspension of attendance or because students benefit from another scholarship),

- have not benefited from any other scholarships, not even for one year, to attend a Doctorate; and that I have understood:
- that students cannot accumulate, as from the start date of the Ph.D. programme, the scholarship with any other scholarships, except for those granted by national or foreign institutions to cover for study periods abroad integrating my research activity;
- that students cannot be holders, as from the start date of the Ph.D. programme, of research fellowships according to Law 449/97 and ff. (art. 22 Law 240/10);
- that if the above conditions are not met and I do not meet the necessary requirements, I shall promptly inform the Doctoral Office in writing in order to allow for the interruption of the scholarship;
- that allocation of the scholarship shall be interrupted in the event that I withdraw or I am excluded from the Doctorate, as established by the Doctoral Board;
- that students may waiver their scholarship at any time without losing their place in the Ph.D. programme;
- that allocation of the scholarship can be suspended under special circumstances and the relevant instalments can be recovered by Rector's provision following a proposal of the Doctoral Board;
- that scholarships do not entitle holders to any legal or financial career advancement;
- that scholarships are increased by 50% only in the event that the period of stay abroad is uninterrupted and not shorter than sixty days;
- that if I have a national security insurance position in Italy, I must contact the Doctoral Office.

I hereby state that I have read the information on data protection, in accordance with the EU General Data Protection Regulation 2016/679, available on <http://www.units.it/privacy-policy>

PLACE

| | | |
|----------------------|----------------------|----------------------|
| day | month | year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

day month year

HANDWRITTEN SIGNATURE

The Administration will carry out checks, including sample checks, on the truthfulness of the student's statements.