

**STUDENT OBLIGATIONS STATEMENT**

(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.

**XXXV CYCLE – a.y. 2020/21**

mere submission does not guarantee enrolment

*Please print out this form, fill it in by hand (write legibly in block capitals), sign, scan it and upload it in pdf format only. Other file formats will not be accepted.*

I, the undersigned, for the purpose of enrolment in the PhD programme in

Surname

Name

Date of birth

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

Place of birth

Province (if any)

Permanent residence (city or town)

Province (if any)

Permanent address

Street number

Place of domicile in Italy (mandatory – it can be provided after arrival in Italy)

Province

Address in Italy

Street number

**HEREBY STATE**

- in compliance with art. 142 of the laws on Higher Education (as approved with R.D: 31/08/133, n. 15929), that I am not enrolled on another course of study in this or other University or HEI (without prejudice to the exceptions provided by the legislation in force);  
Note: any student with an official withdrawal or incurring in a loss of student status is considered as "not enrolled" on a course.
- that I meet all the necessary requirements as stated in the Notice of Competition for admissions to Doctoral Programmes;
- that I am aware of the provisions concerning Ph.D programmes as stated in the relevant Notice of Competition;
- that I have read and understood all PhD student duties as described in the relevant Notice of Competition in compliance with art. 24 of the "[PhD Regulations of the University of Trieste](#)" (Italian only);
- that I commit to keep the Supervisor updated on the research and undertake the required assessments during my stays in institutions other than the University of Trieste as requested by the Doctoral Board;
- that I shall pay a regional tax (Law 549/95 and any subsequent changes and integrations) and contributions/fees according to the provisions provided by the "[Tax and Fees Announcement](#)" (Italian only) which is issued every year and which is the official reference text. I also understand that I shall enter online my bank account details for any refund;
- that I shall read this [document](#) and notify the "Servizio Prevenzione e Protezione (SPP) of the activities that I will perform by completing on this "[page](#)" the form for the purpose of health surveillance assessment

**ATTACH***(please tick the box if appropriate)*

- Only for Doctoral students whose courses take place in University hospitals/clinics and are employed in healthcare services:
- a photocopy of the **contract for insurance cover** against professional risks, valid for the year of enrolment;
  - a photocopy of the request to carry out "healthcare services" for the academic year to which s/he is enrolling, to be addressed to the Director/Chair of the Doctorate and the Director of the University Clinic/Hospital concerned. The original request form must bear the signatures of approval by both responsible parties.
- In any case all the documents must be submitted before starting healthcare activities.

**I hereby state that I have read the information on data protection, in accordance with the art. 13 of the EU General Data Protection Regulation 2016/679, available on <https://www.units.it/privacy-policy>.**


PLACE

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

HANDWRITTEN SIGNATURE

The Administration office will carry out checks, including sample checks, on the truthfulness of the statements made.

**PLEASE NOTE**

Any change in the personal data (residence, domicile or bank account details) must be entered online by the PhD students themselves.