

CENTRO DI SERVIZIO DI ATENEO PER LA RICERCA
Ufficio per la Formazione alla Ricerca
Self-declaration affidavit
(according to art. 46, 47 and 76 of D.P.R. n. 445/2000)

I, the undersigned (Name) _____ (Surname) _____

Place of birth (Town/State) _____

Date of birth (dd/mm/yy) _____

Nationality _____

Permanent residence address (number/street/town/postal code/Country) _____

tel. number _____ mobile number _____

Email address:

admitted to the _____ year of Research Doctorate Program in _____

_____ - _____ cycle

aware of the consequences of making false statements, falsehood of acts and use of false facts, punishable by law according to art. 76 D.P.R. n. 445/2000 and art. 496 of the Italian Penal Code, and to incur, furthermore, in loss of benefits in accordance to Article 75 of the above mentioned Presidential Decree 445/2000, under my own responsibility

DECLARE

1) In compliance with the provisions of art. 47 of Presidential Decree 445/2000
(cross out items that are not relevant)

a) I am not enrolled in other university programmes (diploma, bachelor, master, post-graduate school diploma or doctorate) or, in case I am, I commit myself to regularize my status;

b) **(only for recipients of scholarship)** I am not the recipient of other grants assigned at any title, except of those awarded by national or international Institutions and contributing for training or research activity abroad; in addition, I do not benefit from any other grant to attend other Research Doctorate Programs;

c) (**only for non - recipient of scholarship**) I am / am not the recipient of any other grant assigned to attend other Research Doctorate Programs even for just one year;

d) I am not a public employee/ I am a public employee in service at _____

(please, indicate the Public Body) and, in that case, I will follow laws and regulations currently in force in order to regularize my position;

e) I am aware that, according to art. 6 of Ministerial Decree 224/1999 and art. 19 - paragraphs 10 and 11 - Research Doctorate programmes Regulation, issued by the Università degli Studi della Campania *Luigi Vanvitelli* in execution of Presidential Decree 4/3/2016 n. 123, that the attendance to Research Doctorate Courses can be suspended for a period not exceeding one year, with obligation to recover the lost time as provided by the rules above mentioned; I am furthermore aware that the suspending attendance for more than 30 days will causes the termination of the grant disbursement for an equivalent period (if disbursed).

2) in compliance with art. 46 of Presidential Decree 445/2000 (**only for recipient of scholarship and in order to disburse such grant**) I will not earn a gross income per year exceeding € 12.911,42 during the fiscal year _____, and I am aware that such income includes investments and emoluments of any other nature that are recurring, except for the emoluments that are occasional in nature or arising from military service.

I, the undersigned commit myself to communicate to the Research Doctorate Programme Coordinator, with the utmost diligence, the occurrence of facts which determine the suspension or the interruption of the attendance to such course and the related loss of the right to the grant.

I, the undersigned commit myself to comply with the duties established by the Code of conduct of public employees, if applicable, under penalty of decadence.

I, the undersigned also commit myself to staying constantly up to date on the obligations to be fulfilled and the related timetable, consulting the Università degli Studi della Campania *Luigi Vanvitelli* web site at the link “Ricerca” - “Dottorati di Ricerca” - “Adempimenti per i dottorandi”.

Place and date _____

Signature _____

Privacy Statement

I have been informed that, in accordance with Legislative Decree no. 196/2003, my personal data will be used and processed, only for the purpose for which I have made them available within the institutional activities of the Università degli Studi della Campania “Luigi Vanvitelli”

Please cross out only relevant items

A) In case the subscription is not signed in presence of the employee:
The photocopy of identity document of the applicant is attached

B) In case the subscription is signed in presence of the employee:

I certify the declaring subject _____

Identified by _____ issued by _____

On _____ has subscribed in my presence the above mentioned statement.

Caserta, _____

Signature of the employee
