

INAF



ISTITUTO NAZIONALE DI ASTROFISICA
OSSERVATORIO ASTRONOMICO DI TRIESTE

Annex A: Template of the application form, to be drafted on plain paper, possibly typewritten or in capital letters and legibly

“Selection for the assignment of one research grant – Development and analysis of science cases for the CUBES spectrograph”

(write the above statement also in the certified e-mail subject)

To the Director of **“INAF-Osservatorio Astronomico di Trieste”**

Via G.B. Tiepolo n. 11

34143 Trieste

PEC: inafoatrieste@pcert.postecert.it

The undersigned [First and Family Name](1) born in [Town, Province/County/State]

on day/month/year Tax Code.....(2)

resident in (3) [town] [Province/County/State]

[street name]

[Postcode].....

ASKS

to be admitted to the selection procedure, based on qualifications and interview, organized by the **“National Institute for Astrophysics-Astronomical Observatory of Trieste”**, in accordance with the Directorial decree of February 16, 2024, no. 31/2024, entitled ***“Development and analysis of science cases for the CUBES spectrograph”***

To this end, I, the undersigned declare, under my own responsibility, that the statements made and signed in this application have the value of declarations in lieu of certification and/or affidavits, according to articles 46 and 47 of the Presidential Decree December 28, 2000, no 445 and subsequent amendments and additions. In the event of falsehood of certifications or declarations, the penalties provided for by art. 76 of the same Decree shall apply:



- that I have the following citizenship_____ (4)
- that I am not less than 18 years of age
- that I enjoy full civil and political rights (in Italy and/or in my home country)
- that I am registered on the electoral roll of the Municipality of_____
- or that I am not registered or I have been excluded by the electoral roll for the following reasons_____ (5)
- that I have no prior criminal convictions and no pending charges]
- or that I have undergone the following criminal convictions, and/or the following charges are pending against me _____ (6)
- that I am physically fit for the positions advertised;
- that I have not been placed in retirement following the termination of an employment as a civil servant;]
- that I have not been removed or discharged from a previous employment as civil servant, nor declared debarred from a State employment for having submitted false documents or documents affected by irremediable invalidity, nor dismissed for cause (otherwise, indicate the cause for dismissal, removal, disqualification or termination);
- that I have fulfilled my military obligations **(this declaration must only be made by candidates subject to this duty);**
- that I have a excellent knowledge of the English language, both written and spoken;
- that I obtained the following degree, as required by art. 2, par. 1, a) and b) of the **“Call”**: _____
at the University of] _____ on day/month/year _____
with the following grade_____



- that I have a proven professional experience of at least 3 years, as required by art. 2, par. 1 b) of the **"Call"**, in research activities that fall within the scope of the proposed project (**indicate the relevant periods, as well as the Universities, Institutes, Research entities or other qualified public or private Bodies, whether in Italy or abroad, in which the experience was acquired**) _____(7)
- that the degree I obtained abroad has already been declared equivalent to one of the degrees required for the admission to the selection procedure, described in this **"Call"** (to support this declaration I attach a copy of the statement of equivalence of the degree)]
- or, alternatively, that I attach a copy of the documents proving the degree in possession (including the examinations taken and/or the training and research activity carried out, and the final grade), so as to allow the Selection Board to acquire all the elements necessary for the evaluation and/or useful for establishing its equivalence to the degrees required by the present **"Call"**
- that I am not in one of the incompatibility conditions listed by art. 5 of this **"Call"**

I, the undersigned also declare that:

- I am a disabled person, as defined by Law 104/1992, and I need the following devices _____related to my specific disability, _____ in order to be able to undertake the interview (8)

I, the undersigned, enclose to this application form the following documents:

- a) **"curriculum vitae et studiorum"**, **written** either in Italian or in English, in the format specified in Art. 4, par. 9, of the **"Call"**, with date and signature, which must also include a descriptive report of all professional activities carried out;]
- b) a declaration in lieu of certification and/or affidavit (according to art. 46, 47, 75 and 76 of the Presidential Decree December 28, 2000, no. 445, and subsequent amendments and integrations), or any other form of self-certification, without prejudice to the provisions of art. 4, par. 1, d) point 11) e 2) of the **"Call"** (see Annex B)]
- c) a complete list of qualifications considered relevant to proving the applicant's professional competence, as well as his/her ability to carry out the activities that are the subject of the research project proposed as part of the candidate's application (9);



- d) a copy of a legally valid identity card.
- e) (e) Two contacts persons who were asked for letters of reference.

I, the undersigned, commit not to receive other fellowships or scholarships of any kind during the period of this research grant, apart from those envisaged by art. 5 of the **"Call"**;

I, the undersigned, give my consent to the processing of his/her personal data for the obligations related to the selection procedure, in compliance with the provisions of the Legislative Decree June 30, 2003, no. 196, as amended and supplemented by the **"Regulation of the European Parliament and Council, April 27 2012, no (UE) 2016/679, relating to the protection of personal information, the free flow of personal data, which repeals the Directive 95/46 CE"**, also known as **"General Regulation on Data Protection"**, and by the Legislative Decree, August 10, 2018, no. 101, containing **"Provisions for the adaptation of National regulations to the Provisions of the Regulation of the European Parliament and Council, April 27, 2017, no. (UE) 2016/679, related to the protection of individuals with regard to the processing of personal data and the free circulation of such data, which abrogates the Directive 95/46 CE"**, also known as **"General Regulation on Data Protection"**).

I, the undersigned, request that any communication related to this selection procedure be sent to the following address, committing his/herself to communicate by certified or regular e-mail or certified mail with acknowledgement of receipt or express courier any variation, recognizing that the Institute takes no responsibility in the event that the recipient can no longer be reached:

Address: _____ [including postcode]

Phone/Mobile Phone: _____

certified e-mail address (if available): _____

Regular e-mail: _____

Date (dd/mm/yy)]

Signature (10)

.....



Note / Notes:

- (1) *Married women must indicate their maiden name not their husband's.*
- (2) *The tax code is compulsory for Italian citizens only*
- (3) *If the residency duration is shorter than one year, please also indicate your previous residence.*
- (4) *Enter your citizenship*
- (5) *This declaration must only be made by Italian candidates. Italian citizens who are not registered on the electoral rolls should indicate the reasons for this exclusion.*
- (6) *Please provide the date of the provision, and authority which issued it, even if amnesty has been granted, or pardon, or judicial forgiveness, or application of the punishment at the request of parties (according to art. 444 of the Code of Criminal Procedure); please indicate criminal proceedings pending either in Italy or abroad, of which you are aware.*
- (7) *Declaration only due in absence of a PhD degree.*
- (8) *This declaration must only be made by candidates subject to this condition. It must be accompanied by a certificate issued by the appropriate health authority specifying, the candidate's handicap or disability, in order to enable the Administration to prepare in a timely manner the devices to be provided for a proper conduct of the interview.*
- (9) *The qualifications submitted by the candidate must be supported:*
 - a) *in case of qualifications issued by Public Administrations and providers of public services, by a self-certification (made according to articles 46 and 47 of the Presidential Decree 28/12/2000, no 445, and subsequent amendments and integrations), which declares the conformity of the document with the original, using the provided template **(Annex b)**;*
 - b) *in case of qualifications issued by authorities other than Public Administrations and Providers of public services, in one of the following ways:*
 - *a self-certification made according to articles 46 and 47 of the Presidential Decree 28/12/2000, no 445, and subsequent amendments and integrations, which declares it is in conformity with the original, using the provided template **(Annex b)**;*
 - *original document*
 - *certified copy of the document*
 - *photocopy of the document, together with a self-certification made according to articles 19 and 47 of the Presidential Decree 28/12/2000, no 445, and subsequent*



*amendments and integrations, which declares it is in conformity with the original, according to the specific template **(Annex b)**;*

*Where electronic documents are submitted, you should use, **under penalty of exclusion**, static and not directly editable formats, preferably 'PDF' or 'TIFF'.*

- (10) *The handwritten signature of the candidate is compulsory, under penalty of exclusion from the competition, and is not subject to authentication, according to article 39 of the Presidential Decree December 28, 2000, no 445, and subsequent amendments and integrations. If the application for the admission to the selection procedure is sent by e-mail, it should include the candidate's digital signature. As an alternative, the signature can be handwritten and accompanied by the copy of a legally valid identity card.*



Annex B

STATEMENT IN LIEU OF CERTIFICATION

(art. 46 of DPR n. 445/2000 and subsequent modifications and integrations)

I, the undersigned,

surnamename.....

(women should indicate own maiden surname)

Born in (*town, state*)..... provinceon (*date of birth dd/mm/yyyy*)

.....

Italian tax identification number (*codice fiscale*).....

Present residential address (*town, state*)

Province..... address

.....

Postal code, aware that false declarations are punished according to the penal code and to special laws on this matter,

DECLARES:

.....
.....
.....
.....
.....
.....

Place and date (*dd/mm/yyyy*).....

The declarant.....



STATEMENT IN LIEU OF AFFIDAVIT

(articles 19 and 47 of DPR n. 445/2000 and subsequent modifications and integrations)

I, the undersigned,

surnamename.....

(women should indicate own's maiden surname)

Born in (*town, state*)..... provinceon (*date of birth dd/mm/yyyy*)

.....

Italian tax identification number (codice fiscale).....

Present residential address (*town, state*)

Province..... address

.....

Postal code, aware that false declarations are punished according to the penal code and to special laws on this matter,

DECLARES (1):

.....
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.....

Photocopy (not authenticated) of the identity document is attached

Place and date (dd/mm/yyyy).....

The declarant.....

1) List all documents which are object of the substitutive declaration, namely of the copies of which, by the present declaration, the conformity to the original is attested