

ANNEX 1

TEMPLATE OF APPLICATION FORM

To the Director of the Department of Matematica e Informatica 'Ulisse Dini'
Viale Morgagni, 67/a
50134 Firenze

I, the undersigned, request to participate in the selection referred to in the announcement issued by the Director's Decree n °date..... for the award of n ° 1 research grant to join the Research Programme: “*Quantum transport in phase-space: theory and simulations*” of the of the Scientific area, at the Department of Matematica e Informatica 'Ulisse Dini'.

Aware that in accordance with articles 75 and 76 of 28/12/00 n ° 445, in the case of false declarations, false information in the documents or use of false documents, I will incur the penal sanctions referred to and will immediately lose the right to the research grant

I THEREFORE DECLARE

Pursuant to art. 19, 46 and 47 of the D.P.R. n. 445/2000:

Family name..... First name.....
.....

Place of birth (town, province/state, country).....

.....Date of birth

Permanent address.....

Domicile during the research project duration, if different from permanent address:

.....

..... cell. ph.

Tax identification number (codice fiscale).....e-mail
.....

Nationality.....

I also declare the following:

I hold the foreign university title (specify if undergraduate, post-grad, etc)
..... in (specify academic field)

..... At the University
of

Graduation date:Final mark.....

An Italian post-graduate degree obtained prior to 1999.
in.....At the University of
..... graduation date..... final mark.....

An Italian post-graduate degree according to D.M. 509/99. Class...../S
in.....At the University of
..... graduation date..... final mark.....

An Italian post-graduate degree according to D.M. 270/04. Class LM-.....
in.....At the University of
..... graduation date..... final mark.....

I am enrolled in the PhD programme in
.....
(cycle.....) at the University of
.....
Date of commencement..... Ending on.....
() with grant () without grant

I hold a PhD title in at the University of
..... graduation date.
OR – the discussion of my PhD thesis will be held before the date of the evaluation of the titles
by the Admissions Board (specify the expected date of discussion of the thesis)

I hold a Specialisation title in..... graduation date
..... at the University of

I have never received a research grant;

I hold a research grant at these universities or institutions, for the following periods:

from/...../.....to...../...../.....at

from/...../.....to...../...../.....at

from/...../.....to...../...../.....at

from/...../.....to...../...../.....at

And not to exceed with this research grant the limit of 6 years total established in Article 6,
paragraph 2a of Law n. 11/2015;

I hold the following further academic and/or professional qualifications (*indicate all the data
necessary for verification by the structure*):

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

- I do not currently have any pending administrative, criminal or civil proceedings as per current
legislation;

OR

I have had past criminal convictions (list all charges with the date of the judgment, the judicial
authority and the type of judgment, the violated rules, the number of proceedings and the penalties
reported);

- that I have never been dismissed or released from previous employment with a public
administration for persistent insufficient performance and that I have never been discharged from
other state employment pursuant to art. 127 letter d) of the Consolidated Law n. 3/1957, for having

obtained the employment through the production of false documents or formally defective; and that I have not been prevented from public service following disciplinary dismissal;

- that I am not aware of being subjected to criminal proceedings;

OR

- that I have ongoing criminal proceedings. In such case, indicate the offenses for which the criminal proceedings are underway, the Authority and the status of the proceedings;

- that I enjoy full civil and political rights;

- that I am not part of the permanent staff of the universities and other bodies indicated in art. 22, paragraph 1, Law n. 240/2010;

- that I am aware of the bans on accumulation and incompatibilities provided for in art.12 of this announcement;

- that I will communicate any change of residence or contact details.

- that I am aware of the information for the processing of personal data of subjects willing to participate in selection procedures for staff recruitment, research grant/scholarship awarding or participation in restricted access courses and teaching or collaboration contracts. Such information can be consulted at this page https://www.unifi.it/upload/sub/protezionedati/Informativa_SELEZIONI.pdf

Date,

Signature

Attach a copy of your ID:

ANNEX 2

**Declaration of affidavit
(dichiarazione sostitutiva di atto di notorietà)
Given pursuant to art. 19 and 47 of DPR n. 445 of 28/12/2000,**

I, the undersigned,
Place of birthdate of birth
Permanent address

Aware that pursuant to art. 75 and 76 of DPR N. 445 of 28/12/00, in the event of false declarations or use of false deeds, I will incur the criminal sanctions referred to and will immediately become ineligible for any assignment of the research grant:

I DECLARE

- that all documents attached to the application and listed below are true copies of the originals in my possession

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

date.....

Signature

.....

LIST OF ATTACHMENTS

I, the undersigned, (Family name and first name)

.....
Place of birth.....(town, province/state/country)

.....
Date of birth (dd/mm/yyyy)

Permanent address

Address for the purposes of the public competition:

town..... (province

street.....n..... Area code.....

ph.

I hereby attach to the application the following documents:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

Date,

signature

CINECA form for Research Grant Contracts

(the data provided below must be identical to those submitted in the call for application)

PERSONAL and CONTACT DETAILS

Tax Identification Number (Codice Fiscale) (please write clearly and in block letters)

Family name _____ First name _____

M/F _____ Date of birth (dd/mm/yyyy) ____ / ____ / ____

Place of birth (town, province, country) _____

Nationality _____

E-MAIL _____ CELL. _____

ADDRESSES

PERMANENT ADDRESS: _____

DOMICILE (ONLY IF DIFFERENT FROM PERMANENT ADDRESS)

Street name _____ n. _____ area code _____

Town, Prov./State and country _____

FISCAL DOMICILE (ONLY IF DIFFERENT FROM PERMANENT ADDRESS)

Street name _____ n. _____ area code _____

Town, Prov./State and

country _____

ACADEMIC TITLES:

(...) Foreign title _____

() Italian Laurea prior to 1999 _____

() Italian Laurea Specialistica DM 509/99 . Class ____/S

(_____)

() Italian Laurea Magistrale DM 270/04. Class LM- _____

(_____)

Obtained at the University of _____

Graduation date _____ (A.Y. ____ / ____) Final mark

() Specialisation title in _____ date _____ A.Y.
_____/_____
University of _____

() PhD IN _____

Graduation date _____ at the University of: _____

Cycle _____ Date commencement _____ Date ending _____ months of
duration _____

Grant NO () YES () from ____/____/____ to ____/____/____ n. months _____

PROFESSIONAL BOARD REGISTRATION N. _____

Board's name and address _____

CONTRACT DATA

Unit of affiliation: DIMAI Department – Dipartimento di Matematica e Informatica “Ulisse Dini”

Public call data: Director's Decree n. _____ of _____

Duration (months): 12 Contract's beginning date (dd/mm/yyyy) - 01/03/2025

Research supervisor/manager: Prof. Luigi Barletti

Title of the research project: Quantum transport in phase-space: theory and simulations

Academic discipline MATH-04/A – Mathematical Physics

Further disciplines (if applicable) _____

Date,

signature

Declaration of acceptance for the evaluation session in distant mode of the selection for the assignment of a research grant as per Decree n..... (art 2 Guidelines for carrying out the online public competition procedures for research grants and scholarships (D.R. of 09/04/2020 Ref. n. 56053 (Repertory n. 471/2020))

I, the undersigned, _____ tax ID number
 _____ place of birth (country) _____ (_____)

Date of birth ____ / ____ / ____, Permanent address

DECLARE

- - that I accept the distant mode of this procedure,
- - that I will not use any help tools,
- - that I guarantee the absence of any person in the room that could provide support during the interview,
- I acknowledge and accept that the administration will have no responsibility for IT technical problems, which could occur during the connection for both the candidate and the Admissions Board.

Date:

Place:

Signature of the candidate (“firma digitale” or handwritten, in full and legible. In case of handwritten signature, a copy of the applicant’s ID must also be attached)