To the Director SISSA Via Beirut 2–4 34014 Trieste ITALY

Subject: Public selection based on academic qualifications and oral examination for the assignment of research fellowships at the International School for Advanced Studies (SISSA). D.D. n. 9/03 dd 21.02.03.

The undersigned requests to be admitted to the above-mentioned selection,

Position ???????????? and to this end declares, under his/her own responsibility, the following:

NAME ????????FISCAL CODE???..???????????

PLACE OF BIRTH ?????????PROV????CAP?????...

HOME ADDRESS ????????PROV?????CAP??.????...

TELEPHONE ?????????E-MAIL????????????....

ADDRESS TO WHICH ALL CORRESPONDENCE REGARDING THE SELECTION SHOULD BE SENT:

TOWN ??????????????COUNTRY?????????...

STREET ????????????? POSTAL CODE ?????????.

TELEPHONE ??????????..E-MAIL ??????????..

ACADEMIC QUALIFICATIONS

Degree in ???????????????????????...

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Other academic qualifications ???????????????????...

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Enclosed.: Scientific-professional curriculum

Academic qualifications
Copy of an identity document
Substitutive certifications

The undersigned undertakes to communicate any further change, acknowledging that the Administration assumes any responsibility neither:

in case the adressee is untraceable, in case of loss of communications due to an incorrect address indicated by the candidate or of missing/late communication of address change in the applications; nor in case of any possible postal or telegraphic mistake or mistakes due to third parties, fortuitos events or reasons beyond one's control.

The undersigned declares he is informed according to the art. 10 of the law n. 675/96 that all personal information will be dealth with, also by computer, exclusively in the ambit of the selection proceedings.

Date: ????????? Signature???????????