**ACCEPTANCE FOR ENROLLMENT**

**TO PHD RESEARCH COURSES**

TO THE RECTOR

UNIVERSITY OF PARMA

ITALY

I, the udersigned **SURNAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth (gg/mm/aa)\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(city) (country)*

**Fiscal Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Citizenship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(city) (country)*

address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**telephone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **e-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**domicile in Parma** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_\_\_ cap \_\_\_\_\_\_\_\_\_\_\_\_\_\_

enrolled in the **1th year** of the PhD program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - **37° CYCLE**

pursuant to articles no. 46 and 47 of the D.P.R. no. 445 of 28.12.2000, aware of the responsability it assume in the case of declarations that do not correspons to the truth;

**I DECLARE**

* **to accept the Scholarship** and **not to be the holder** of another scholarship or research grant or, if so, that I undertake to renounce from 01.01.2022;
* **not to use,** for the entire duration of the PhD programm, other scholarships awared for any purpose, except those awarded by Italian or foreign institutions and intended to integrate, with stays abroad, the training or research activities of the Doctoral student
* **not to have already received**, even partially, another scholarship for attendig PhD course;
* **to undertake** to carry out the Research Project that will be assigned by the Teaching Body and **to undertake** to carry out the required research periods (minimum 6 months, maximum 12 months) in the business and abroad (if provided by the Teaching Body);
* **to undertake** to report on the activities carried out every two months;
* **to be aware** that:
	+ the enrollment is subject to recognition by the Academic Senate of the equivalence of the qualification obtained abroad;
	+ the failure to comply the minimum business period will result in the revocation of the scholarships;
	+ the modification of the project objectives and the expected results (if not previously authorized by the MUR) will lead to the revocation of the scholarship and its total refund of any amounts already paid;
	+ any negative judgment of the Teaching Body and the consequent non-admission to the following year of the PhD programm will result in the revocation of the sums already paid for the current yaer, and the failure to obtain the degree will result in the revocation of the sums already provided for the last year of the course;
* **to have presented** for this purpose the "**DECLARATION OF LOCAL VALUE**" or the document proving the submission of a request for release to the diplomatic representation of competence;
* to enjoy civil and political rights even in the state of belonging;
* **to have delivered** a photocopy of the Tax Code issued by the Entrate Agency;
* **to have delivered** the Permit of Stay / Study or the request of the Study Permit and to commit myself to deliver the Residence / Study Permit for all the years of the course (for non-EU citizens);

Parma, \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(signature)*

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 AL MAGNIFICO RETTORE

 UNIVERSITA' DEGLI STUDI

 43121 PARMA

\_\_L\_\_ SOTTOSCRITT\_\_ DOTT. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RESIDENTE** A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.A.P. \_\_\_\_\_\_\_\_\_\_\_

VIA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOMICILIAT**\_\_ A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.A.P. \_\_\_\_\_\_\_\_\_\_\_

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**CODICE FISCALE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISCRITT\_\_\_\_ AL **1° ANNO** DEL **37° CICLO** DEL CORSO DI **DOTTORATO DI RICERCA** IN:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMUNICA**

I SEGUENTI DATI PER L’ACCREDITO DELLA BORSA DI STUDIO E COMUNICA INOLTRE DI AVERLI INSERITI NELL'AREA RISERVATA DEI SERVIZI DI SEGRETERIA ONLINE (<https://unipr.esse3.cineca.it/Home.do>):

**PROPRIO** CONTO CORRENTE (*O COINTESTATO*)

PRESSO LA BANCA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGENZIA \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_)

IBAN

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(coordinate bancarie internazionali)

BIC CODE

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(indicare solo per c/c esteri)

**DICHIARA** inoltre che ogni eventuale variazione o modifica dei dati suddetti sarà prontamente registrata dal/dalla sottoscritt\_\_ nella pagina riservata dei servizi di Segreteria online <https://unipr.esse3.cineca.it/Home.do> e successivamente comunicata all’ufficio Dottorati di Ricerca presentando il relativo modulo.

PARMA, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma del Dichiarante

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DICHIARAZIONE INPS**

\_\_L\_\_ SOTTOSCRITT\_\_ DOTT. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAT\_\_ A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESIDENTE** A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.A.P. \_\_\_\_\_\_\_\_\_\_\_

VIA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOMICILIAT**\_\_ A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.A.P. \_\_\_\_\_\_\_\_\_\_\_

VIA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CODICE FISCALE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISCRITT\_\_\_\_ al Corso di Dottorato di Ricerca in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ Ciclo

1. consapevole che in caso di dichiarazioni mendaci, falsità in atti e di uso di atti falsi, incorrerà nelle pene stabilite dal Codice Penale e dalle leggi speciali in materia;
2. consapevole che decadrà, con effetto retroattivo, dai benefici eventualmente conseguenti al provvedimento emanato sulla base della dichiarazione non veritiera;

**dichiara sotto la propria responsabilità**

* di non avere aperto posizioni previdenziali diverse dalla Gestione Separata INPS
* di avere **altra** posizione previdenziale aperta presso l'INPS di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

forma assicurativa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (vedi retro)

* di avere **altra** posizione previdenziale aperta presso la Cassa Previdenziale:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (vedi retro)

**si impegna**

di dare immediata comunicazione alla UO Formazione Post Lauream – **Dottorati di Ricerca** qualora venga modificata la propria posizione previdenziale, consapevole che le eventuali variazioni verranno applicate dal mese di comunicazione.

Data \_\_\_\_\_\_\_\_\_\_\_ Firma del Dichiarante

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TABELLA**

***Elenco Codici di Altre Forme Assicurative Obbligatorie***

**Pensionati**

|  |  |
| --- | --- |
| 001 | Pensionati di tutti gli Enti pensionistici obbligatori |
| 002 | Titolari di pensione diretta |

**Assicurati di altre forme assicurative obbligatorie**

**1 – I.N.P.S.**

|  |  |
| --- | --- |
| 101 | Fondo Pensioni Lavoratori Dipendenti |
| 102 | Artigiani |
| 103 | Commercianti |
| 104 | CD – CM |
| 105 | Versamenti Volontari |
| 106 | Versamenti Figurativi (CIG, ecc.) |
| 107 | Fondi speciali |

**2 – I.N.P.D.A.P.**

|  |  |
| --- | --- |
| 201 | Dipendenti da Enti locali e Dipendenti delle Amministrazioni dello Stato |

**3 – Casse Previdenziali Professionisti autonomi**

|  |  |
| --- | --- |
| 301 | Dottori commercialisti |
| 302 | Ragionieri |
| 303 | Ingegneri e Architetti |
| 304 | Geometri |
| 305 | Avvocati |
| 306 | Consulenti del Lavoro |
| 307 | Notai |
| 308 | Medici |
| 309 | Farmacisti |
| 310 | Veterinari |
| 311 | Chimici |
| 312 | Agronomi |
| 313 | Geologi |
| 314 | Attuari |
| 315 | Infermieri professionali, Assistenti sanitari, Vigilatrici d’infanzia |
| 316 | Psicologi |
| 317 | Biologi |
| 318 | Periti Industriali |
| 319 | Agrotecnici, Periti Agrari |
| 320 | Giornalisti |
| 321 | Spedizionieri (sino al 31-12-1998) |

**5 – ENPALS**

|  |  |
| --- | --- |
| 501 | Lavoratori dello spettacolo |

 AL MAGNIFICO RETTORE

 UNIVERSITA' DEGLI STUDI DI PARMA

 SEDE

\_\_\_l\_\_\_ sottoscritt\_\_\_ Dott. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nat\_\_\_\_ a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il \_\_\_\_\_\_\_\_\_

Iscritt\_\_\_\_ al Corso di Dottorato di Ricerca in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - 37° Ciclo

ai fini del pagamento della borsa di studio

**SI IMPEGNA**

a presentare all’ufficio Dottorati di Ricerca la ricevuta di avvenuta **iscrizione alla Gestione Separata all'INPS.**

Data \_\_\_\_\_\_\_\_\_\_\_\_\_

 Firma del Dichiarante

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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