**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - **35° 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 to and to undertake to carry out the research topic that will be assigned by the Teaching Board;
* **to be aware** that enrollment is subject to recognition by the Academic Senate of the equivalence of the qualification obtained abroad;
* **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;
* **not to be the holder** of another scholarship or research grant or, if so, that I undertake to renounce from 01.11.2019;
* **not to have already received**, even partially, another scholarship for attendig PhD course;
* **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;
* **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 **35° CICLO** DEL CORSO DI **DOTTORATO DI RICERCA** IN:

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

**COMUNICA**

DI AVER INSERITO IN FASE DI PRE-IMMATRICOLAZIONE I SEGUENTI DATI PER L’ACCREDITO DELLA BORSA DI STUDIO:

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - 35° Ciclo

ai fini del pagamento della borsa di studio

**SI IMPEGNA**

a presentare all’ufficio Dottorati di Ricerca **entro e non oltre il giorno 15 NOVEMBRE 2019** la ricevuta di avvenuta iscrizione alla Gestione Separata all'INPS.

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

Firma del Dichiarante

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

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