

FORM NO. 4

**WINNERS ENROLLED IN THE LAST YEAR OF
A MEDICAL SPECIALIZATION SCHOOL AT THE UNIVERSITY OF PADOVA OR ANOTHER UNIVERSITY**

**AND WINNERS ENROLLED IN THE PENULTIMATE YEAR OF A MEDICAL SPECIALIZATION SCHOOL AT THE
UNIVERSITY OF PADOVA**

The undersigned, aware of the liability and the penal sanctions stated in art. 75 and 76 of the DPR 445/2000 for false affirmations and mendacious declarations that will involve the loss of the granted benefits when discovered in consequence of inspections carried out by the Administration

DECLARES

(Tick the relevant box)

- ☐ that s/he is enrolled in the last year of the Medical Specialization School in _____ at the University of Padova or another University
- ☐ that s/he is enrolled in the second to last year of the Medical Specialization School in _____ at the University of Padova and that s/he will start the last year of the above-mentioned School during the first year of the PhD Course

DECLARES, FURTHERMORE,

- that the Medical Specialization School will end on (date) _____;
- that s/he has been given by the Medical Specialization School the approval to jointly attend the Specialization School and the PhD Course;
- that s/he commits to follow the activities of the PhD course according to what decided by the Academic Board of the PhD Course;
- that s/he is aware that one month before the end of the joint attendance s/he must ask the Academic Board of the PhD Course for the recognition of the joint attendance;
- for those granted a PhD scholarship: that s/he is aware that the scholarship will be paid out starting from the end of the joint attendance until the end of the PhD course.

Place, date _____

Signature _____

(Attach also the authorization of the Medical Specialization School for the joint attendance)