

AMMINISTRAZIONE CENTRALE
AREA DIDATTICA E SERVIZI AGLI STUDENTI
UFFICIO DOTTORATO DI RICERCA

FORM NO. 1

WINNERS OF A SCHOLARSHIP

The undersigned _____ (surname) _____ (name), born in _____ on ____/____/____ 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

- that s/he is aware of the legislation referred to in the selection announcement for the current year;
- that s/he is aware of the provisions contained in the Padua University's Research Integrity Code, which can be found at the following link: <https://www.unipd.it/en/codes>;
- that s/he is aware of the provisions contained in the Padua University's Patent Regulations, which can be found at the following link: <https://www.unipd.it/en/patents> and to explicitly accept and acknowledge the provisions contained in Article 12(2);
- that s/he have read the Information Notice on Hrs4r available at the following link <https://www.unipd.it/dottorato/modulistica-dottorati>

MOREOVER DECLARES

- that s/he has never been awarded other PhD scholarships in Italy/from an Italian University/Institution;
- that s/he acknowledges that the scholarship will only be assigned to applicants whose annual income, during the PhD programme, does not exceed the sum of 16.243 euro (incomes from occasional work are not taken into account);
- that s/he does not benefit from 'assegno di ricerca (legge 240/2010)'. If so, s/he commits to renounce the 'assegno di ricerca' before the beginning of the PhD;
- that s/he acknowledges that grants funded by external bodies or department tie grant holders to comply with what stated in the agreement or project signed by the funding body, comprising specific rules on intellectual property, and that the data concerning the career (exceeding the income limit, admission to the following years) will be communicated to the funding body on the basis of the agreement;
- that s/he enrolls with a scholarship linked to the following research field: TV¹ n

(full title of the priority research grant);

- that s/he acknowledges that grants assigned to a specific field of research tie grant holders to this field.

¹ TV: Priority research grant. See number indicated in the ranking file

ASKS FOR

- the payment of the scholarship ² for the a.y. 2023/24 yes no
- as s/he considers S/HE WILL HAVE
that in 2024 S/HE WILL NOT HAVE an income exceeding the aforementioned limit

AND UNDERTAKES

- not to combine this scholarship with grants of any other kind, unless they have been awarded by national or international organizations in order to fund the Doctoral student's research abroad;
- to inform the University administration at once, should s/he exceed the income limit;
- to pay back the monthly instalments received during the year in which the income exceeded the limit;
- to enroll at the INPS by 16th January 2024 and to inform the PhD Office following the instructions available at <https://www.unipd.it/modulistica-dottorati>;

Place, Date _____

Signature _____

² We remind that you can enroll as a winner of a scholarship and renounce the corresponding payment for one year (or more) in the event you exceed the income limit in that/those particular year(s).