



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

FORM NO. 3

The undersigned _____, 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

ASKS

- TO BE ENROLLED AT THE UNIVERSITY OF PADOVA FOR THE ACADEMIC YEAR 2024/2025 AT THE FIRST YEAR
OF THE PHD COURSE IN _____

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>

S/HE MOROVER DECLARES

- that s/he will ask the competent board of the Course for permission should they wish to continue or start working
outside the Course;
- that s/he benefits from 'assegno di ricerca' according to L. 240/2010 at
from.....to..... yes no
- that s/he is a Public Administration (PA) employee/ civil servant and that s/he is going to apply for extraordinary
unpaid study leave (L. 476/1984 integrata dalla L. 448/2001 e dalla L. 240/2010) yes no
- that s/he commits to activate the University email account (name.surname@phd.unipd.it) where s/he will receive
official communications from the University
- that se/she activated an ORCID profile and that his/her ID is _____

Place, Date _____

Signature _____