FORM NO. 4

WINNERS ENROLLED IN THE LAST YEAR OF
A SCUOLA DI SPECIALIZZAZIONE MEDICA AT THE UNIVERSITY OF PADOVA OR AT OTHER UNIVERSITY
AND WINNERS ENROLLED AT THE PENULTIMATE YEAR OF A SCUOLA DI SPECIALIZZAZIONE MEDICA 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

DECLARATES
(tick the relevant box)

- ☐ that s/he is enrolled in the last year of the Scuola di specializzazione medica in ____________________________ at the University of Padova and other University

- ☐ that s/he is enrolled at the second to last year of the Scuola di specializzazione medica in ________________ ____________________________ at the University of Padova and that s/he will start the last year of the above-mentioned Scuola during the first year of the PhD Course

DECLARATES, FURTHERMORE,

- that the Scuola di specializzazione medica will end on (date) ______________________;
- that s/he has been given by the Scuola di specializzazione medica the approval to jointly attend the Scuola di Specializzazione 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 with 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.

Padova_________________________ Signature________________________________________

(attach also the authorization of the School of Medical Specialization to the joint attendance)