The undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_/\_\_/\_\_\_\_

Asks

FOLLOWING THE ORDER OF THE RANKING LIST, TO BE ENROLLED WITH

|  |  |  |
| --- | --- | --- |
|  | SCHOLARSHIP FUNDED BY PON RESEARCH AND INNOVATION FUNDS LINKED TO PRIORITY-RESEARCH PROJECTS | *fill in attachment n.1* |
|  | For those enrolled in the second to last/last year of a Medical Specialization School | *attach form n. 2 and the authorization of the Medical Specialization School* |

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 inspec-tions carried out by the Administration

**HE/SHE DECLARES TO HAVE OBTAINED THE FOLLOWING**

**HIGH SCHOOL QUALIFICATION /SECONDARY SCHOOL DIPLOMA**

Name of the diploma/qualification obtained…..…………………………………………………………………….…..

Name of the School ……………………………………………………………………………………………………….

Located at (municipality/city) …………………………………………………. Country…………………………..…...

Year of qualification/date of final exam……………………..…………………Grade…..……./………...

**MINISTERIAL INDICATORS**

Furthermore, for statistical purposes requested by the Ministry with specific reference to the PON Research and Innovation Funding, we ask you to indicate your situation at the time of enrollment:

|  |  |
| --- | --- |
| * Unemployed, including the long-term unemployed | Yes  NO  |
| * Long-term unemployed | Yes  NO  |
| * Inactive | Yes  NO  |
| * Inactive people not included in an education path or who do not follow a training course | Yes  NO  |
| * Employed, including the self-employed | Yes  NO  |

*Place, Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*