

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

The undersigned _____ (surname) _____ (name),

born in _____ on ____/____/____

Asks

FOLLOWING THE ORDER OF THE RANKING LIST, TO BE ENROLLED WITH
(tick the box corresponding to the assigned PLACE):

- SCHOLARSHIP FUNDED BY MD 630/2024 *fill in attachment n.1 and 3*
- SCHOLARSHIP FUNDED BY EXTERNAL PUBLIC OR PRIVATE BODIES (LINKED TO PRIORITY-RESEARCH PROJECTS) *fill in attachment n.1*
- SCHOLARSHIP FUNDED BY DEPARTMENT (LINKED TO PRIORITY-RESEARCH PROJECT) *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 and of the Board of the PhD Course in accordance with the provisions of the selection notice.*

N.B.: For each place/scholarship you must print, fill in, and sign the relevant attachment available at <https://www.unipd.it/en/phd-md-630-2024>

DECLEARS

He/she activated an [ORCID](#) profile and that his/her ID is _____

Place, Date _____

Signature _____