To the Department of Physics and Astronomy "Galileo Galilei" University of Padua

| The undersigned | | | | |
|--|--|-----------------|----------------|-----------------------------|
| | (Surname) | (Name |)) | |
| Place of birth - Country | | Towr | า | |
| Date of birth | | Sex | М | F |
| Italian Taxpayer Identification N | | | | |
| Contact information: | | | | |
| Mobile Phone | | | | |
| E-mail address (the same being us | | application | , in cas | se of submission via email) |
| | HEREBY REC | QUESTS | | |
| to participate to the selection for the Department of Physics and Astrono | • | | | Award of the |
| | HEREBY DEC | CLARES | | |
| under his/her own responsibility, in | compliance with | the art. 46 | and 4 | 7 of the D.P.R. 445/2000: |
| • to have obtained the Master's Degat the University of Padua, on (date) Student ID | | | | |
| thesis supervisor | | | | |
| • to promptly communicate any cha | nge of contact inf | ormation i | nclude | ed in the application form; |
| • to be aware of all the rules contain | ned in the compet | tition anno | uncem | nent. |
| The undersigned also declares to be Reg. 2016/679, personal data will be which this declaration is produced. | e only treated, wi | | | |
| Attached documents: 1. copy of a valid personal identity PEC and has a certified digital sign 2. abstract of the master thesis, in I 3. a list of max. 5 points which expr | ature affixed to it) English or Italian (|); (max 2000 | chara | cters), |
| Date | | | | |
| | Applicant's sign | nature | | |