## **PhD MANAGEMENT - FORM C**

## PERSONAL SWORN DECLARATION (ART. 46, D.P.R. N. 445/00):

l, the undersigned,		born on
in		() and resident in
	Address	

Fully aware of the penal sanctions in the case of false declarations and the consequent forfeiture of the benefits obtained (pursuant to articles 75 and 76 of Presidential Decree 445/2000) for which I take complete personal responsibility

## DECLARE, UPON PRESENTATION OF THIS CANDIDACY:

Viale Pola 12, 00198 Roma T +39 06 85 22 51

**Call for Applications** 

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## OR

to have had residency or domicile in Italy or to carried out my main activity in Italy, for more than 6 months, even non-consecutively, in the three years preceding this Call for Applications

#### 4.

□ To have obtained my Master's degree (or equivalent) at the following University:

## OR

To have NOT yet obtained my Master's degree (or equivalent), with the full expectance that this degree will be awarded to me by 15 September 2023 at the following University: .....located in.....

.....located in .....

The undersigned also declares, pursuant to art. 13 of Legislative Decree no. 196 of 30 June 2003, that I have been informed that the personal data contained in this declaration will be processed, also with IT tools, exclusively in the context of the procedure for which this declaration is made.

Finally, the undersigned declares to have read the information referred to in Articles 13 and 14 of Regulation (EU) 2016/679 d.d. April 27, 2016 (GDPR).

Place and Date \_\_\_\_\_

Signature of Declarant

This declaration does not require signature authentication and effectively replaces the normal certifications required or intended for a Public Administration as well as for managers of public services and private individuals who allow it.

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