**Application Form**

Al **Magnifico Rettore**

**dell'Università Commerciale “Luigi Bocconi”**

Via Sarfatti 25

20136 MILANO

I, the undersigned ............................................................. born in ..........................................on (DoB) ........................... resident in ....................................... address ......................................... house number.............postcode......................... e-mail.........................................

tel.....................................................mobile...................................................

**ASKS**

to be admitted to the selection, by means of qualifications and exam, relating to the competition number 12587 of 6/12/2017 **[Referral Code: R.F. H2020]** for the assignment of **1 collaboration contract for the duration of 3 years,** to undertake research activity at the Research Centre CERGAS of Bocconi University, as part of the project IMPACT HTA (GA n° 779312) financed by European Commission, H2020.

To this end, I declare:

1. to be a citizen of ......……………….......................…
2. that my current address is ……………………….. postcode .……….., ………………………..………..tel. …………………… , (any changes to this address will be promptly communicated)
3. to have a degree in .....................................................from the University.........................., conferred on (date).....................................................with a grade of...................................................................
4. to have a PhD in.....................................................in date................................................conferred on (date)..................................................from University.............................................;
5. to be in the possession of other qualifications (if applicable);
6. Fiscal Code …………………………………;

I, the undersigned, attach to my application:

1. a scientific, professional curriculum vitae;
2. a list of publications;
3. any other qualifications in my possession

Date ………………… Signature……………………………………….

N.B.: documents and qualifications must be presented in pdf format. By completing this form, the candidate declares that any documents produced are exact copies of the original. Any false declarations will be punished by Law.

Date …………………. Signature ………………………………………