Attachment 2 (to be submitted in duplicate copy)

Acad	artment of demic Recruitment Field
	demic Discipline
	Personal Declaration of Certification
	pursuant to Presidential Decree 445/2000 Articles 46 and 47
	The Undersigned:
Surn	name
•	men please use maiden name only)
	neenship
Fisca	al code (for Italian citizens)
Mur	nicipality of birth Prov Prov
	e of birth
	date)
Resi	dent in (municipality, province, city and country)
	code Address
Pho	ne numbers:ail:
C-111	an
	vare of the legal liabilities stated in art. 76 of Presidential Decree 445/2000 in the case of false clarations,
	DECLARES:
	that all information provided in his/her CV is true;
-	
-	that he/she possesses the following qualifications indicated in the list enclosed with this application:
-	
-	
-	
-	
-	that he/she possesses the following qualifications indicated in the list enclosed with this application: that he/she has carried out all the teaching activities indicated in the list enclosed with this
-	that he/she possesses the following qualifications indicated in the list enclosed with this application: that he/she has carried out all the teaching activities indicated in the list enclosed with this

2)	
3)	etc.
	that the following texts presented in original copy have been accepted for publication (or if conform to originals)
.)	
3)	etc.
L)	that his/her contribution to the co-authored publications presented is the following:
,	etc.

Remember to enclose a copy of a valid identification document