



UNIONE EUROPEA
Fondo Sociale Europeo



REGIONE
PUGLIA



Istituto Nazionale Previdenza Sociale

ATTACHMENT C)

SUBSTITUTE DECLARATION CERTIFICATION OF QUALIFICATIONS WITH EXAMS (Art. 46 D.P.R. 445 of 28.12.2000 Modified by Art.15 comma 1 of the Law of 12 November 2011, No. 183)

The undersigned _____

Born in _____ on the _____

Full address _____

**Aware of that provided for by Art. 76 of D.P.R. 445/2000 on the penal consequences of untruthful statements, training declarations or the use of false acts,
DECLARES**

To have successfully obtained:

- Specialist Degree ☐ Master Degree ☐

Type of degree _____

from the University of _____ on _____

with _____ a _____ final _____ result _____ of _____

- Degree obtained prior to the introduction of D.M. 509/1999 (old degree cycle) in:

Type of degree _____

from the University of _____ on _____

with _____ a _____ final _____ result _____ of _____

- Academic title obtained abroad in:

At the University of _____ on _____

with a final result of _____

To be obtaining, by 31/10/2020:



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- Specialist Degree ☐ Master Degree ☐

Type of degree _____

from the University of _____ on _____

with a final result of _____ (indicate predicated result,
Art.3 of Call notice)

- Degree obtained prior to the introduction of D.M. 509/1999 (old degree cycle) in:

Type of degree _____

from the University of _____ on _____

with _____ a _____ final _____ result _____ of _____

- Academic title obtained abroad in:

At the University of _____ on _____

with a final result of _____

DECLARES FURTHERMORE

(To be completed by undergraduates ONLY)

- To have obtained the Specialist Degree/Master Degree in

with the following examinations and/or the following training activities:

Exam	CFU	Result (Out of 30 or out of...)	Date	Scientific
				disciplinary sector



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Final result	-	-		-

(Add rows and indicate all exams with no. of Credits obtained, result, dates and scientific disciplinary sector).

- To have passed, during a degree in:

prior to the introduction of D.M. 509/1999 (old degree cycle), the following examinations and/or the following training activities:

Exam	Result (Out of 30 or out of...)	Date
Final result		

(Add rows and indicate all exams with result and date)

- To have obtained, during an academic course in:

carrying out the following examinations and/or the following training activities abroad:

Exam	CFU	Result (Out of 30 or out of...)	Date
Final result			

(Add rows and indicate all exams with result and date)

The undersigned declares to be aware that should untruths emerge regarding the declaration following verification in accordance with Article 71, D.P.R. 445/2000, any eventual benefits resulting from the present measure will be



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removed on the basis of the non-truthful statement, without prejudicing the contents of Article 76 of D.P.R. 445/2000.

The undersigned

declares to have read the information provided pursuant to art. 13 and 14 of EU Regulation 2016/679 (GDPR) available at the address <https://www.uniba.it/ateneo/privacy/aggiornamento-informative-regolamentoUE-2016-679/informativa-selezioni> The undersigned expressly gives his consent to the processing of personal data (particular categories of data) and/or juridical data (relating to criminal convictions or crimes) for the achievement of the purposes set out in this statement by the University of Bari Aldo Moro.

Date

The applicant

(Full and legible signature)