CALL FOR APPLICATIONS: TRAVEL GRANT TO SUPPORT RESEARCH PERIODS ABROAD
APPLICATION FORM

The undersigned

Name/nome _____

Surname/cognome _____

Date of birth/data di nascita _____

Citizenship/cittadinanza _____

Italian tax code if available/codice fiscale _____

Country of birth/stato di nascita _____

Place of birth/comune di nascita _____

Permanent address/residenza_____

Country/Paese_____

Town/city/Comune_____

Address/indirizzo_____

ZIP/Postcode/CAP_____

Email_____

Requests to participate in the competition for the awarding of a travel grant offered by the

PhD in Biomedical Sciences.

- asks to be authorized to stay abroad at (Institution)_____

under the supervision of (PI) _____

from (date of departure) _____ to _____

for a total amount of n. _____ months.

I declare, pursuant to art.46 e 47 del D.P.R. n. 445/2000

- to be regularly enrolled in the PhD programme in Biomedical Sciences a.a 2025/2026

☐ cycle 39   ☐ cycle 40   ☐ cycle 41

- to be a PhD student with a fellowship:

☐ University fellowship   ☐ Department fellowship   ☐ External entities fellowship   ☐ to be a PhD student
without fellowship

DIPARTIMENTO DI SCIENZE BIOMEDICHE – DSB
DEPARTMENT OF BIOMEDICAL SCIENCES ◆ UNIVERSITÀ DEGLI STUDI DI PADOVA

- of having no criminal convictions and of having no ongoing criminal proceedings;

- to undertake to promptly communicate any change in residence or contact information indicated in the application to participate.

- to be aware of and accept all the rules contained in the competition notice;

I declare that I am informed/or that, pursuant to current legislation, the personal data collected will be processed exclusively in the context of the proceedings for which this declaration is made.

Attachments:

- Copy of a valid personal identity document

- Research proposal

- Letter of acceptance from the host institution or a declaration from the host supervisor

- Declaration from the supervisor of the Doctoral School, certifying the validity and relevance of the application.

_____

Place   Date

_____

Signature of the applicant