



**ANNEX 4**

**SELECTING/WAIVING POSITIONS**

I, the undersigned \_\_\_\_\_

social security number (Italian fiscal code) \_\_\_\_\_

place of birth \_\_\_\_\_ (\_\_\_\_\_) date of birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, permanent address: street/square \_\_\_\_\_ No. \_\_\_\_\_ city

\_\_\_\_\_ (\_\_\_\_\_) country \_\_\_\_\_

I apply for a position in the **PhD Programme in Pure and Applied Mathematics / Bioengineering and medical-Surgical sciences** (administrative offices: University of Torino) (*specify the name of the PhD programme for which you apply*)

**AND I HEREBY DECLARE**

(select the option relevant to you)

**A) to renounce to the award of any scholarship/research fellowship/positions in apprenticeship and to apply only for positions without scholarship**

**B) to apply for the following bound scholarships/research fellowship/positions in apprenticeship**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Date, \_\_\_\_\_

Place, \_\_\_\_\_

Signature of Declarant

\_\_\_\_\_

(full and readable)