Al Magnifico Rettore

**dell'Università degli Studi**

**di Brescia**

**1st year, XXXVII cycle Ph.D Programme** **in**

…………………………………………………………………………………………………………

## The undersigned (SURNAME AND NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M□ F□ (sex)

Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**resident in** (address) City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Domiciled** (address, if different from the residence address) City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number \_\_\_\_Postcode \_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone \_\_\_\_\_\_\_\_\_\_\_ e-mail \_\_\_\_\_\_°\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARES under HIS/HER own responsibility**

that he/she will register at the Italian INPS - Italian National Social Security– category: “Gestione Separata” **as soon as possible following the arrival in Italy and if not already registered in the past**.

**Date and place Signature**

**\* This form shall be sent to the PhD Administrative Secretariat, via e-mail, within the deadline set to enrol at the first academic year of Course**