



**Internationalisation and Educational Services Division
International services
International Mobility Office**

**CALL FOR APPLICATIONS SHORT-TERM DOCTORAL MOBILITY
ACADEMIC YEAR 2025-2026**

SELF-DECLARATION

I the undersigned

born in _____ on _____

STUDENT ID No: _____

Italian tax code: _____

Tel: _____

being aware of the penalties provided for by law in the event of false declarations and the creation or use of false documents (Article 76 of Italian Presidential Decree No 445/2000) and of the additional penalty of forfeiture of benefits resulting from any measure or act of the Administration issued on the basis of an untrue declaration (Article Italian 75 of Presidential Decree No 445/2000)

DECLARE

- that I have read the CALL FOR APPLICATIONS SHORT-TERM DOCTORAL MOBILITY ACADEMIC YEAR 2025-2026 and the instructions for the submission of applications and that I will monitor notices published on the website;
- that I am not the recipient of a PhD scholarship covered by funds from European Union programmes;
- that I am not the recipient of any other EU contributions for training abroad or any other grant provided by the University of Trieste for the same purpose (e.g., ESF);
- that I have _____ that I have never

benefited from one or more Erasmus+ mobility (study and/or traineeship and/or short mobility period and/or BIP) during my current cycle of studies (i.e., PhD, advanced master, specialisation school, etc.)

for a total duration of months/days: _____

- that I have a language proficiency of at least B1 level in the language required by the host institution **or** hold the following language certification: _____ level: _____
- that I am aware that mobility is in any case subject to acceptance by the host institution and that such acceptance or conditions may be subject to change in view of any emergency situations;
- that I will remain up to date and comply with national and regional rules for the prevention and management of any emergency situations (health or other) and, in particular, that I have read and accept the health and safety provisions in force in the country of destination and in the country of origin as detailed [here](#);



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- that I have registered my trip on the Italian Ministry of Foreign Affairs and International Cooperation [website](#) and that I undertake to communicate my presence to the diplomatic-consular representations along with details of the duration and reason for my stay and my address abroad;
- that I will follow the provisions of the host institution scrupulously in relation to the security measures in force and the conditions for carrying out the traineeship;
- that I have considered taking out health insurance that expressly covers the risks associated with any health emergencies;
- that I have to considered taking out travel insurance against cancellations or delays due to possible emergency situations;
- that I release the University of Trieste from any liability related to costs incurred for the circumstances listed above or as a result of unforeseen events related to the interruption/cancellation of mobility for reasons related to any emergency situations. I am aware that there are no reimbursements for any additional costs incurred as a result of preventive health measures adopted, even without notice, by the competent Italian ministries or the countries of destination and/or by transport carriers.

PLACE: _____

_____/_____/_____
DATE

APPLICANT'S SIGNATURE