**ANNEX 2**

**UNIVERSITY OF PALERMO**

**Public selection for recruiting Associate Professors, pursuant to art. 18, section 1, of the Law n. 240/2010**

**for the competition sector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**(scientific disciplinary sector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Public competition \_\_\_\_\_\_\_\_ Priority \_\_\_\_\_\_\_\_**

**[Name and Surname]**

**CURRICULUM VITAE**

**(NB: THE ITEMS INSERTED IN THE FACSIMILE ARE PURELY EXEMPLARY AND CAN BE REPLACED, MODIFIED OR INTEGRATED)**

**PERSONAL INFORMATION (DO NOT ENTER PRIVATE ADDRESS AND LAND-LINE PHONE)**

|  |  |
| --- | --- |
| Surname |  |
| Name |  |
| Date of Birth | [Day, month, Year] |
| Contacts | Mobile  |
| Mail addresses | PEC Email NB. THE EMAIL ADDRESS MUST BE THE SAME INDICATED ON PICA |

**QUALIFICATIONS**

**QUALIFICATIONS, PHD OR EQUIVALENT, OR, FOR THE SECTORS CONCERNED, THE DIPLOMA OF MEDICAL SPECIALIZATION OR EQUIVALENT, OBTAINED IN ITALY OR ABROAD**

*(Please indicate title, institution, date of achievement, etc.)*

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**REQUIREMENT ASN (National Scientific Qualification)**

*(- date of achievement [indicate four month period]*

*- Expiration date)*

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**OTHER QUALIFICATIONS**

*(Indicate title, institution, date of achievement, etc.)*

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**DIDACTIC ACTIVITY**

**TEACHINGS E MODULES**

*(Frontal teaching activity:*

*Report the activities in the form of a list, indicating for each:*

*Title of teaching / didactic module*

*Academic year*

*Hours (per year)*

*CFU (if required by the University of reference)*

*Scientific Disciplinary Sector*

*Competition Sector*

*Language*

*University*

*Course in which the teaching was carried out (bachelor’s / master's degree course, postgraduate ...)*

*Specify for each if it is teaching or module and the responsibility assumed in this regard.)*

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**ADDITIONAL TEACHING AND STUDENT SERVICE ACTIVITIES**

**ACTIVITY AS SUPERVISOR OF DEGREE THESES, MASTER'S DEGREE THESES, DOCTORAL THESES AND SPECIALIZATION THESES**

*(Report the activities in the form of a list, specifying whether they are:*

*Degree thesis (indicate number)*

*Master's degree thesis (indicate number)*

*Doctoral / specialization thesis (indicate number)*

*Seminars (year, title, possible CFU, hours)*

*Exercises (year, title, possible CFU, hours)*

*Laboratories (year, title, possible CFU, hours)*

*Tutoring (typology)*

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**ACTIVITY OF DEGREE AND MASTER'S DEGREE COURSES STUDENTS TUTORING AND OF PHD STUDENTSTUTORING**

*(indicate academic year, degree course, etc.)*

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**SEMINARS**

*(indicate seminar title, place, date, etc.)*

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**SCIENTIFIC RESEARCH ACTIVITIES**

**SCIENTIFIC PUBBLICATIONS**

*(Indicate:*

*-Type of contribution*

*- Presence of co-authors*

*- Magazine / book / monograph*

*Report the publications in chronological order starting from the most recent for each publication indicate: names of the authors, full title, publisher, date and place of publication, ISBN, ISSN, DOI or other equivalent Tipo di contributo)*

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**ORGANIZATION, MANAGEMENT AND COORDINATION OF NATIONAL AND INTERNATIONAL RESEARCH CENTERS OR GROUPS OR PARTICIPATION IN THE SAME**

*(Report the tasks in the form of a list, specifying the role assumed for each:*

*- Organization*

*- Direction*

*- Coordination)*

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**ACTIVITIES SUCH AS the direction or participation in editorial committees of journals**

*(for each item, indicate year, role, scientific journal, etc.)*

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**PATENT OWNERSHIP**

*(for each patent, indicate authors, title, type, patent number, etc.)*

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**NATIONAL AND INTERNATIONAL AWARDS AND RECOGNITIONS FOR RESEARCH ACTIVITIES**

*(indicate award name, date, institution, ecc.)*

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**PARTICIPATION AS SPEAKER IN CONGRESSES AND CONFERENCES OF INTERNATIONAL INTEREST**

*(indicate congress / conference title, date, etc.)*

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**MANAGEMENT, ORGANIZATIONAL AND SERVICE ACTIVITIES**

**MANAGEMENT ASSIGNMENTS AND ROLES IN COLLEGIAL BODIES AND COMMISSIONS, AT RELEVANT PUBLIC AND PRIVATE INSTITUTIONS AND SCIENTIFIC AND CULTURAL ORGANIZATIONS, OR AT THE UNIVERSITY OF PALERMO OR OTHER UNIVERSITIES**

*(Report the activities in the form of a list, indicating for each:*

*Kind of activity*

*Year / s in which this activity was carried out*

*Where / on behalf of which institution was carried out (any description of the institution)*

*Description of the type of engagement)*

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**CLINICAL ASSISTANCE ACTIVITY** (IF PROVIDED)

*(Report the activities in the form of a list, indicating for each:*

*Hospital where this activity was carried out*

*Year / s in which this activity was carried out*

*Degree of responsibility of the assignment*

*Type of activity)*

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SELF-DECLARATION UNDER ARTT. 46 AND 47 D.P.R. N. 445/2000

I, the undersigned declarant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , born on \_\_\_\_ . \_\_\_\_ . \_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_), resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_), address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and living in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_), address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identified by means of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_. \_\_\_\_ . \_\_\_\_\_, telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

aware of the criminal sanctions provided for in the case of false declarations to a public official (art. 495 c.p.)

DECLARE, UNDER MY OWN RESPONSIBILITY

- that the information and statements contained in this curriculum vitae correspond to the truth;

- to possess all the qualifications listed in this curriculum vitae;

- that all the details relating to qualifications publications and activities mentioned in this curriculum vitae are in accordance with the truth;

- that the copies of the publications presented for the purpose of the analytical assessment are in conformity with the original.

(Place and date) \_\_\_\_\_\_\_\_\_\_ Signature