

TO THE RECTOR  
UNIVERSITY OF SIENA

I name \_\_\_\_\_ surname \_\_\_\_\_

Fiscal Code \_\_\_\_\_

(it is compulsory to enclose a copy of your fiscal code card when you arrive in Italy)

having received notice that I have been awarded a scholarship for the **Doctoral Programme** in

cycle [ciclo] \_\_\_\_\_ for the academic year 20\_\_\_\_/20\_\_\_\_

**DECLARE THAT**

I ACCEPT

I DO NOT ACCEPT the abovementioned scholarship because \_\_\_\_\_

(those candidates who accept the scholarship must proceed to fill in the following)

Marital status: Single  Married  Divorced

Legally separated  Live in partner  Widower

**NECESSARY DATA FOR INCOME CERTIFICATION**

Spouse's personal data: Name \_\_\_\_\_ Surname \_\_\_\_\_

Born in \_\_\_\_\_ Prov. \_\_\_\_\_ il \_\_\_\_\_

Fiscal code \_\_\_\_\_

With regard to the application of INPS social security contributions under Law 335/95, art. 2, pars. 25 through 32, I confirm the above information and declare that:

**Section for Italians and/or foreigners resident in Italy**

**N.B. please sign paragraph 1) OR 2), and 4) OR 5) ACCORDING TO WHICH APPLIES TO YOUR SITUATION:**

1) I have not exceeded the gross income limit of € 100.324,00= (\*) (revised annually on the basis of the National Statistical Institute (ISTAT) consumer price index) and therefore authorize the University to make the relative deductions. I undertake to inform the University if my earnings exceed this limit, to allow deductions to be stopped and avoid the University paying money not owed. Should this not happen, I will return the amount wrongly paid into my INPS *gestione separata* account due to my not having informed the University in time.

SIGNATURE \_\_\_\_\_

2) I have exceeded the gross income limit of € 100.324,00= (\*) (revised annually on the basis of the National Statistical Institute (ISTAT) consumer price index) and therefore ask the University not to make the relative deductions. I undertake to inform the University if my earnings do not exceed this limit, to allow deductions to be made and avoid placing the University in a situation of default. Should this not happen, I will return to the University any amounts wrongly requested by INPS due to my not having informed the University.

SIGNATURE \_\_\_\_\_

3) I have already registered/will register at the competent INPS office, (pursuant to Law 315 of 3 August 1998, art. 1, c. 1, letter. a).

SIGNATURE \_\_\_\_\_

4) I have compulsory social security cover and/or indirect or direct pension payments and therefore pay the applicable **reduced rate (with the exception of INPS *Gestione Separata* – Law 335/95)** to \_\_\_\_\_ (indicate name of social security agency). I undertake to inform the University promptly of any change in my position in order for the correct contributions.

N.B. please sign EITHER no. 4 OR no. 5.

SIGNATURE \_\_\_\_\_

5) I do not have compulsory social security cover and/or indirect or direct pension payments and therefore pay the applicable **full rate**. I undertake to inform the University promptly of any change in my position in order for the correct contributions.

N.B. please sign EITHER no. 4 OR no. 5.

SIGNATURE \_\_\_\_\_

6) I have not previously benefited, even partially, from a doctoral scholarship (under art. 6, Italian Law no. 398 of 30 November 1989)

SIGNATURE \_\_\_\_\_

(\*) Rates applicable in 2016 and subject to change by the competent bodies on an annual basis.

**Section for Italians and/or foreigners not resident in Italy**

1) I have already registered/will register at the competent INPS office, (pursuant to Law 315 of 3 August 1998, art. 1, c. 1, letter. a).

SIGNATURE \_\_\_\_\_

2) I have not previously benefited, even partially, from a doctoral scholarship (under art. 6, Italian Law no. 398 of 30 November 1989)

SIGNATURE \_\_\_\_\_