POLITECNICO DI MILANO

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MILANO
CONCOMPOSION OF

To the Dean of the School of $\left[ight]$				
l:				
Last name	First	name		Registration n
Date of birth (dd/mm/yyyy)	Municipality (or foreign count	y) of birth		Province
Tax code		Foreign identifica	tion code	
Address of residence			Telephone	
Municipality (or Foreign country) of re	sidence	Postcode	Postcode Province	
Fiscal domicile (only if differer	nt from residence)			
Address			Telephone	
Municipality (or Foreign country) of re	sidence	Postcode	Province	
Email		Mobile		
Title:	individual external to the Polited	nico temporary re	search fellow at the Politecnico	di Milano
Hereby apply for the teaching assignment	nt addressed by the call of		for the course below:	
Course details				
Course name:				
Science-Discipline Sector:				
Discipline:				
Course type:				
ECTS:				
Details of assignment				
School:				
Location:				
Period:				
Study programmes / section:				
ECTS granted:				

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- I apply for the assignment:
 - for free
 - for
 - consideration
- I have submitted other applications, for the same a.y., for the assignments below:

•	at this University:
	School:
	School:
,	at another University:
	Faculty:
	University:
	Faculty:

_____University:_____

I undertake to notify the Dean's Office above of any future change.

- I declare I am not a student in PhD programmes or Specialisation Schools (*).
- I undertake to enter all data required in the University's computer system, where requested by the School (receiving hours, detailed teaching programme, lecture registry, exam results).
- I undertake to provide the Dean's Office above:
 - 15 days after the end of all lessons, practical exercises and laboratories established in the contract, with the corresponding registries filled out

on-line, printed and duly signed.

with any statement as to changes in the personal data reported above, within 15 days of such change.

Pursuant to Lgs. D. no. 196/2003, I authorise the processing of my personal data.

(*) The students who complete their studies by 31 October this year, can submit an application, specifying such condition. The potential assignment will be granted upon prior verification of completion of the applicant's studies.

For temporary research fellows only	
I declare I am a temporary research fellow at the Department of	
of the Politecnico di Milano from	to to
Scope of research:	
I DECLARE I asked the Department to issue its approval on	

Date	Signature	
For the Dean's Office only		
Date of commencement of assignment (if other than 1 November)		
	Approved Not Approved	

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Seal Contraction	· · · · · · · · · · · · · · · · · · ·				
	a for social security and tax purposes A.Y.	(required for teaching assignments)			
l: Last	name	First name			
Тах	code	Foreign identification code			
Llor					
	eby declare:				
	□ I intend to enforce the double taxation convention between Italy	and (foreign country of residence)			
	□ I do not intend to enforce such convention				
	I am a public employee and/or Tenured Professor at a private universit	ty.			
	For the purpose of verifying the registry of public employees' services, referred to in art. 53 of Lgs. D. no. 165 issued on 30.03.2001, the prior authorisation issued by the relevant Public Administration, for the entire duration of the assignment, is required. All notices on payments must be sent to the Public Administration as follows: nameaddress				
	Such details need not be given since I am a:				
	□ part-time employee (no more than a 50% commitment);				
l ch	oose the following type of assignment:				
	Professional assignment: my VAT no. is° I am enrolled in the professional register or list of I am a (specify profession) I am registered in the social security fund or with the social security				
	I am resident overseas with:				
	 ordinary VAT rate number ordinary VAT rate number that does not imply full tax liabilit 				
□ (art.5 not fa	Ongoing coordinated collaboration assignment 50, paragraph 1, letter c-bis, Decree of the President of the Republic 91 all within my contractual institutional duties as an employee and does no	7/1986. The assignment will be carried out without being employed, it does ot fall within the scope of my habitual profession. separate national insurance scheme regulated by art.2, paragraph 26 of contribution is 28.72% contribution is 19%			
	(specify details):				
l ch	oose the following method of payment:				
	COD CIN ABI payment to current account no.	CAB (branch) Current Account Number			
	Bank and Branch no.				
	Address, Town				
_	SWIFT Code				

dispatch of a non-transferable cheque to my domicile address

Date _

Signature