

Dear candidates,

Please, find the following instructions for your enrollment to International Doctorate URED (article 6 of public call of Doctorate Courses XXXI Cycle).

Access to the link <https://gomp.unirc.it> with the same credentials obtained during the registration process and print the Application form (“domanda di immatricolazione”) from the electronic procedure.

Send to “Ufficio Protocollo Generale di Ateneo at the Cittadella Universitaria Torre 2 - Via Salita Melissari - 89124 Reggio Calabria”, **within the deadline of 7 days from the day following the publication of the results of the competition on the website of the University (the deadline of 7 days is attested by the date on postmark)**, by raccomandata A/R or delivering by hand the following documents:

- 1) Application form (“domanda di immatricolazione”) from the electronic procedure
- 2) Payment receipt of the contribution of €26,33. You can pay it through a wire transfer to the bank account no. 401086229 to Università degli Studi Mediterranea di Reggio Calabria - Agenzia Unicredit SpA - Via degli Arconti n. 6 - 89125 Reggio Calabria - IBAN IT36R0200816304000401086229 [BIC/SWIFT UNCRITM1F84], stating the reason "enrolment fee to the URED PhD Program Università Mediterranea of Reggio Calabria".
- 3) Two passport photographs on a white background;
- 4) Photocopy of your identity document (signed);
- 5) Photocopy of your own social security number or health card;
- 6) Photocopy of INPS model, which attests the establishment of the tax position;
- 7) Photocopy of the residence permit (only for non-EU citizens resident abroad);
- 8) Tax card (see the form "SCHEDE FISCALE" attached to this e-mail);
- 9) Self-certification required to obtain the scholarship (see the form “AUTOCERTIFICAZIONE” attached to this e-mail).
- 10) A declaration in consideration of art. 75 and 76 of Presidential Decree n.445 of 28.12.2000 (see the form “DECLARATION DPR445-2000”)

NOTE for foreigner students: you will obtain the photocopy of your social security number or health card and the photocopy of INPS model, after you arrival in Italy.

INSTRUCTIONS FOR FILING FORM “SCHEDE FISCALE”

You should fill the form with the following data:

COGNOME (*surname*) NOME (*name*)

NATO A (*city or town where you were born*) IL (*date when you were born*);

CODICE FISCALE (*please left blank. You will be able to write this code when you will be in Italy*);

RESIDENZA: (*RESIDENCE*)

Indirizzo (*residence address*)

Città (*city*) Regione (*Country*)

Telefono (*phone number*) E-Mail (*email*)

DOMICILIO FISCALE (*Domicile*)

Indirizzo (*for now, you can write the address of Università Mediterranea. In the blank space write: Salita Melissari, 89124*)

Città (*City. Write: Reggio Calabria*) Regione (*Region. Write: Calabria*)

DENOMINAZIONE DEL CORSO DI DOTTORATO E RELATIVO CICLO (*Name of your PhD Doctorate Program and Cycle. Write: Urban Regeneration and Economic Development. Cycle XXXI*)

MODALITÀ DI PAGAMENTO (*payment methods*).

In this section you have to write your bank data in order to receive your scholarship. Please specify: numero C/C bancario (*account number*), coordinate bancarie (*SWIFT BIC code or IBAN code*), indirizzo Banca (*bank's name and address*).

Print the form "SCHEDE FISCALE" and put your signature under the statement "FIRMA DEL DICHIARANTE".

INSTRUCTIONS FOR FILING FORM "AUTOCERTIFICAZIONE"

You should fill the form with the following data:

Il sottoscritto (*the undersigned*),

Nato il (*date when you were born*) in (*city or town where you were born*)

residente in (*city and Country of your residence*)

via (*residence address*)

iscritto al (*enrolled at. In the blank space write: "I"*) anno del Corso di Dottorato di Ricerca in (*year of Doctorate Research Course in. In the blank space write: "Urban Regeneration and Economic Development"*)

curriculum (*please left blank*) (____ciclo) (____cycle: *in the blank space write "XXXI"*)

In the last page you will find:

INDIRIZZO POSTALE: (*the mail address where you want to receive any communication*)

INDIRIZZO POSTA ELETTRONICA: (*email address*)

TELEFONO: (*phone number*)

Print the form "AUTOCERTIFICAZIONE" and put your signature under the statement "IL DICHIARANTE".

Please, at the end of all the procedure, write an email to inform us about your enrollment at the following address: laura.battaglia@unirc.it