**MSCA POSTDOCTORAL FELLOWSHIPS @ UNIMC 2025**

**Compulsory Attachment no. 1 | Application Form**

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| --- | --- |
| Applicant First Name: |  |
| Applicant Last Name: |  |
| Nationality: |  |
| Passport/ID number (that you will use for the application): |  |
| Type of Grant you will apply for: | 🞏 European Fellowships 🞏 Global Fellowships |
| Name of Supervisor at UNIMC: |  |
| Department of Supervisor: |  |
| (only for Global Fellowships) Third Country Institution, chosen as host institution for your Marie Curie fellowship: |  |
| (only for Global Fellowships) Name and contacts of Supervisor at the Third Country Institution: |  |
| Estimated duration of the project (provisional) in months: |  |
| Proposed MSCA-PF PROJECT Acronym: |  |
| Proposed MSCA-PF PROJECT title: |  |

In accordance with the Italian Law and regulations, by signing this application form, I hereby:

- apply for the Announcement for expressions of interest - Marie Skłodowska-Curie Actions (MSCA) Postdoctoral Fellowships 2025 at the University of Macerata;

- self-declare under my own responsibility that I fulfill the eligibility criteria for the MSCA Postdoctoral Fellowships as indicated in the UNIMC Announcement for expression of interest, or will fulfill the eligibility criteria by the MSCA Postdoctoral fellowships 2025 call deadline (10 September 2025);

- self-declare under my own responsibility that all what is stated in this application form and in all the other attachments to this application (Curriculum Vitae, Two-page Proposal, Researcher’s declaration of commitment, ID/passport) is true;

- authorize the University of Macerata to process my personal data in compliance with the EU General Data Protection Regulation (GDPR, 27.04.2016 no. 679, <https://www.unimc.it/it/privacy-policy>);

- acknowledge that all the information provided in this form and in the other attachments will be treated confidentially and will be processed for the sole purpose of the applications to UNIMC Announcement for expression of interest and for statistical purposes.

Date: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_