



**APPLICATION FORM**  
**for the call for notice on International Fellowships**  
**in the field of medicine and dentistry for the academic year**  
**2016/2017**

***Medical Retina Fellowship***  
**(expire 6<sup>th</sup> July 2016)**

The undersigned \_\_\_\_\_

**REQUESTS**

To participate to the selection for the assignment of one fellowship in the frame of the International Fellowship program in the field of medicine for the **Medical Retina Fellowship** at the University of Milan.

To this end

**DECLARES**

pursuant to art. 46 and 47 of Presidential Decree of 28/10/2000 n. 445, on its own responsibility and awareness of the penalties provided for in case of false statements:

- To be born in \_\_\_\_\_ (Country \_\_\_\_\_)  
on \_\_\_\_\_ to be resident in \_\_\_\_\_ (permanent  
residency) (Country \_\_\_\_\_)

Postal code \_\_\_\_\_ Street \_\_\_\_\_ n. \_\_\_\_\_ Tel.  
\_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail \_\_\_\_\_

- To be in possession of the academic and professional qualifications suitable to the exercise of the medical profession in ophthalmology as detailed below:

Obtained qualification \_\_\_\_\_



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Date of obtainment of the qualification \_\_\_\_\_

Institution issuing the qualification \_\_\_\_\_

- For applicants having obtained their degrees abroad, to be (*tick the appropriate box*):

in possession of the recognition of the degrees obtained abroad already released by the Italian Ministry of Health as hereby detailed:

Date and reference number of the recognition \_\_\_\_\_

not in possession of the recognition of the degrees obtained abroad but willing to undergo all the necessary measures needed to obtain it before the start of the training program in case of selection

Declares furthermore (for foreign applicants):

- to know the Italian language at a level B1 as documented by the attached certification (if available)

Applicant's motivation for participating to the program as well as a brief description of the applicant's educational and work history:



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Lastly the undersigned declares, under its own personal and criminal liability, that what above declared is true.

Date \_\_\_\_\_

Signature \_\_\_\_\_