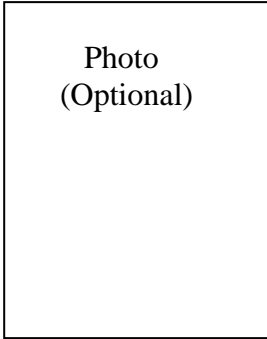


“MAURO AZZARITA” FELLOWSHIP IN TRANSLATIONAL RESEARCH IN HEPATOLGY



To the Scientific Director of FIF
AREA Science Park, bldg. Q,
SS 14 km 163,5
34149 Basovizza - TRIESTE, Italy
fax: +39 040 375 7832
e-mail: direzionefif@fegato.it

I, the undersigned (name and surname)..... born in
..... on resident in (full address for
correspondence concerning application)
.....
.....
telephone/fax no. e-mail address

REQUEST

to take part in the selection for the
“Mauro Azzarita” Fellowship

I declare, on my own responsibility, the following:

- a) to be a citizen;
- b) to possess a sufficient/average/good/excellent knowledge of the English language;
- c) to have a degree in Medicine, obtained on/to be obtained on (date)..... from
the University of, with the final
mark.....;
- d) to undertake to communicate any changes in address immediately.

I enclose the following documentation:

- Curriculum Vitae (including publications if any) ;
- Letters of presentation or support (if any);
- Other (specify)

The FIF will respect the reserved nature of the information submitted by the candidates. All the data will be used for the purpose of the competition only and for the eventual fellowship, in accordance with the Italian Legislative Decree 196/2003.

Date,

Signature