



APPLICATION TO PARTICIPATE IN THE SELECTION FOR THE AWARDING OF SCHOLARSHIPS

TO BE PRINTED, COMPLETED, SIGNED AND SENT WITH THE REQUESTED ATTACHMENTS, AFTER REGISTERING TO THE II level international master's degree "Cardiologia e tecnologie applicate alla cardiocirurgia - Cardiology and technologies applied to cardiac surgery" a.y. 2025/26 **by Tuesday 11 November at 12.00** to the email address master@unibg.it or to the PEC address protocollo@unibg.legalmail.it (indicating ANTHEM SCHOLARSHIP 25.26 - name and surname in the subject of the email)

To the kind attention of the
Director of the
Scuola di Alta Formazione SDM
Prof. ssa Giovanna Zanotti

The undersigned SURNAME _____

NAME _____

Place of birth _____

Date of birth _____

Residence address _____

Country _____

email _____

telephone _____

Having read the notice of selection

TO BE ADMITTED TO THE SELECTION FOR THE AWARDING OF 5 SCHOLARSHIPS

In order to access to the International
Master of Cardiology and Techniques Applied to Cardiac Surgery
a.y. 2025/26

DECLARES under his own responsibility

- to be aware of the criminal sanctions provided for in the art. 76 of the D.P.R. 445/2000 in the event of falsehood in act and declarations false by the art. 38 e 47 of the D.P.R. 445/2000 e s.m.i.;
- To be in possession of the qualification:
 - ☐ Master's degree LM-41 Class of master's degrees in medicine and surgery obtained pursuant to Ministerial Decree no. 270 of 2004 or equivalent;
 - ☐ Degree in Medicine obtained under the laws previously in force;
 - ☐ foreign qualification recognized as suitable on the expiry date of this announcement based on current legislation.



Achieved near _____

on data _____ with vote _____

Submit following documents:

- ☐ Curriculum vitae
- ☐ Copy of the I.D. or passport
- ☐ Master enrollment application complete with required documentation

Signature

_____, _____
(place) (date)

CONSENT REGARDING THE PROCESSING OF PERSONAL DATA

The personal data will be used by the University of Bergamo according to the principles of lawfulness, correctness, transparency and confidentiality exclusively for its institutional purposes and in particular for all obligations connected to the full implementation of its study relationship with the University and they will be transmitted to other institutions for the sole institutional purposes of the University.

The holder of the treatment is Università degli Studi di Bergamo which is based in via Salvecchio, 19.

The undersigned _____

Place of birth _____ (_____) date of birth _____

Having read the [Information pursuant to article 13 of the General Data Protection Regulation](#)

declares

to have read the information on the processing of personal data

Signature

_____, _____
(place) (date)



Personal data may also be communicated and circulated by the University through its offices, both during the training course and at the end of the course, to external subjects, institutions and associations, for work orientation initiatives (internships and placements) and for post-graduate training activities.

- ☐ I AUTHORIZE the treatment of personal data
☐ I DO NOT AUTHORIZE the treatment of personal data

Signature

_____, _____
(place) (date)
