



**ANNEX B**  
**Personal Declaration Form**

**Declaration of Absence of Conflicts of Interest and Incompatibility of Appointment**

The completion of this information form is a mandatory requirement for participation in the call for applications for admission to the PhD program in \_\_\_\_\_. Its purpose is to ensure the proper and transparent management of any actual or potential conflicts of interest within the competitive selection procedure for admission to the aforementioned PhD program in \_\_\_\_\_.

I, the undersigned,

Surname	_____
Name	_____
Born in	_____
(city/province)	_____
on (dd/mm/yy)	_____
resident in	_____
(city/province)	_____
at (address,	_____
street number	_____
and postcode)	_____
Italian Tax Code	_____
(Codice Fiscale)	_____

- aware that the statements made in this form constitute a substitute declaration pursuant to and for the purposes of Articles 46 and 47 of Presidential Decree no. 445/2000 et seq. (the Consolidated Text of Legislative and Regulatory Provisions on Administrative Documentation”, also referred to as “T.U.”);
- aware, pursuant to and for the purposes of Article 76 of Presidential Decree no. 445/2000, of the civil and criminal liabilities and consequences provided for in the event of false statements, falsification of documents or declarations containing data that no longer correspond to the truth, as set out in the aforementioned Consolidated Text (“T.U.”);
- aware that the University may carry out the checks required by law, pursuant to and for the purposes of Article 7 of the aforementioned Consolidated Text (“T.U.”);

DECLARE

(In the event of an affirmative answer, please detail the circumstances and specify the names of all parties involved.)



<p>to be, or to have been in the past three years, in a situation of incompatibility or conflict of interest, actual or potential, pursuant to and for the purposes of Article 95, paragraph 1, letter b), of Legislative Decree no. 36/2023, with respect to the funding institution of the PhD scholarship (Name of Funding Institution) to which the call for applications refers.</p>	<p>Yes</p> <p>Please indicate the individual, their role, and the nature of the relationship.</p>	<p>No</p>
<p>to have or have had, in the preceding three years, relationships of marriage, cohabitation, kinship or affinity up to the second degree, or habitual association pursuant to Articles 51 and 52 of the Italian Code of Civil Procedure, with members of the Board of Directors of the funding institution (Name of Funding Institution), with persons holding general representation powers of the Institution, with central directors (or equivalent roles) of the Institution, with members of the Board of Statutory Auditors, of the auditing firms, and of the Supervisory Body of the funding institution.</p>	<p>Yes</p> <p>Please specify the individual, their role, the nature of the relationship, and the relevant period.</p>	<p>No</p>



<p>that I or my spouse, relatives, or in-laws up to the second degree have or have had in the previous three years relationships of any other nature (for example, financial, contractual, litigation, etc.) with the funding body (Name of Body) of the doctoral scholarship.</p>	<p>Yes</p> <p>Please specify the individual, their role, the nature of the relationship, and the relevant period.</p>	<p>No</p>
<p>to hold or have held, or that my spouse, relatives, or in-laws up to the second degree of the declarant hold or have held in the past three years an elective/institutional office, or employment/collaboration, with Public Administrations or, in any case, positions with public entities exercising authorization, concession, supervisory, regulatory, or control functions related to the activities of the funding institution (Name of Institution).</p>	<p>Yes</p> <p>In this case, please specify who the individual in the described situation is, their role, the nature of the relationship, and the relevant period.</p>	<p>No</p>
<p>to have exercised, in the past three years, authoritative or negotiating powers on behalf of Public Administrations in relation to the funding institution (Name of Institution).</p>	<p>Yes</p> <p>In this case, please specify who the individual in the described situation is, their</p>	<p>No</p>



	role, the nature of the relationship, and the relevant period.	
to be, or to have been in the past three years, in a situation of incompatibility or conflict of interest, actual or potential, pursuant to and for the purposes of Article 95, paragraph 1, letter b), of Legislative Decree no. 36/2023, with respect to Luiss Guido Carli University.	Yes  Please specify the individual and the conflict of interest situation.	No



<p>to have or have had, in the preceding three years, relationships of marriage, cohabitation, kinship or affinity up to the second degree, or habitual association pursuant to Articles 51 and 52 of the Italian Code of Civil Procedure, with members of the Board of Directors of Luiss Guido Carli, with the Director General, the Rector and Functional Directors, with members of the PhD Programme's Academic Boards, and with the faculty members of Luiss Guido Carli.</p>	<p>Yes</p> <p>In this case, please specify who the individual in the described situation is, their role, the nature of the relationship, and the relevant period.</p>	<p>No</p>
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- a) The declarations are made responsibly and in good faith by the undersigned and, where they refer to third parties, to the best of their knowledge as of the date of signing this document. The undersigned undertakes to promptly inform of any changes to the content of this declaration and, if necessary, to submit a new substitute declaration.
  - b) The undersigned declares to have reviewed the Code of Ethics and the Organization, Management and Control Model pursuant to Legislative Decree 231/2001 of Luiss Guido Carli, published at the following internet address <https://www.luiss.it/ateneo/chi-siamo/statuto-e-regolamenti>, which can be downloaded and printed online or for which a paper copy can be requested at any time, and to have fully understood its principles, contents, and purposes.
  - c) Luiss Guido Carli adopts all reasonable measures to identify potential conflicts of interest that may arise in the performance of its activities.
- The completion of this information form is intended to ensure the proper and transparent management of potential conflicts of interest between Luiss Guido Carli and economic operators, in compliance with the provisions set forth in the Code of Ethics, the Organization, Management and Control Model pursuant to Legislative Decree 231/2021, the GDPR (EU Regulation 2016/679), the relevant Italian harmonisation legislation, as well as any additional measures adopted by the Italian Data Protection Authority (collectively, the "Privacy Regulations").



The declarant is hereby informed that any situation which may constitute or give rise to a conflict of interest will be promptly communicated by Luiss to its Supervisory Body.

- d) The declarant is aware that the statements made in this form constitute a substitute declaration pursuant to and for the purposes of Articles 46 and 47 of Presidential Decree no. 445 of 28 December 2000 and subsequent amendments (Consolidated Text on administrative documentation).
- e) The declarant is also aware of the criminal and administrative penalties provided for under Article 76 of the aforementioned Consolidated Text in the event of false statements, mendacious declarations, falsification of documents, use or presentation of false documents, or documents containing untrue data.
- f) The declarant finally declares that the data provided are given under their own responsibility and is aware that the University may carry out the legally required checks pursuant to and for the purposes of Article 7 of the aforementioned Consolidated Text.

Place and date	Signature

Attachments:

1. A copy of the declarant's valid identity document.