**SELF-DECLARATION AFFIDAVIT**

**(according to art. 47 of D.P.R. n. 445/2000)**

**declaration of failed administration fee payment**

I, the undersigned (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth (Town/State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As an applicant for the admission procedure to the PhD program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARE THAT**

* I have seen the notice of payment to carry out through PagoPA system
* I have verified I cannot carry out the payment through PagoPA system becuase of thecnical reasons
* I have carried out the payment (€ 30) through bank transfer.

I also declare to be informed, pursuant to and for the purposes of art. 13 of Legislative Decree 30 June 2003, n. 196 and GDPR 2016/679, that the personal data collected will be processed, also with IT tools, exclusively in the context of the procedure for which this declaration is made.

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