

# CALL FOR APPLICATIONS FOR 1 POST-DOC POSITION IN MATHEMATICS, 2018-19

The Department of Mathematics and Computer Science of the University of Florence, Italy, is accepting applications for 1 post-doc position for research in the field of **Complex and Symplectic Geometry** (broadly construed). Strong candidates are warmly encouraged to apply.

The gross salary is 20.355,60 euro per annum, inclusive of social security costs. The position is for 1 year. Eventual renewal of the position is contingent upon an evaluation of the post-doc's scientific activities, at the end of each year.

**The deadline for applications is October 10, 2018.** Candidates must have achieved a Ph.D. or equivalent degree.

To apply, fill in the forms attached to the official call (there is an english version) and provide the requested documentation. All application papers should be submitted by email to

[segreteria@dimai.unifi.it](mailto:segreteria@dimai.unifi.it)

together with a scanned copy of a passport or identity card. To check that the application has been correctly received, candidates may contact Dr Chantal Gabrielli, email [chantal.gabrielli@unifi.it](mailto:chantal.gabrielli@unifi.it)

All applications will be evaluated by a selection Committee. Candidates will be ranked according to their CV (60% of total score) and an interview (40% of total score), to be held in person at the Department of Mathematics and Computer Science in Florence, or via skype, on **November 9, 2018**, starting at 10:30am.

The position must commence before **Aprile 1 2019**. The successful candidate, in case his/her Ph.D. was obtained outside the European Union, must produce, within 30 days of the conclusion of the selection procedure, an official validation and translation of his/her Ph.D. degree by an Italian Consulate in his/her country.

The official call for applications (in Italian) is available at <https://titulus.unifi.it/albo/viewer?view=files%2F002788389-UNFICLE-d6490c75-8ecb-46c8-a627-9f6e1ff7d1a8-000.pdf>

Any controversy or legal challenge will be judged based solely upon the above official call.

This position has been set up in memory of Paolo de Bartolomeis, for many years Professor of Geometry at the University of Florence. It is funded by his family with the intent of encouraging young researchers to pursue independent research in his main fields of interest.

## **Application procedure:**

In order to apply to this position, please submit the following documents by email to the address

[segreteria@dimai.unifi.it](mailto:segreteria@dimai.unifi.it)

The subject line of your message should read: “Application to the post-doc position in Complex and Symplectic Geometry”.

Please feel free to direct any questions, or requests for further information, to:

Antonella Nannicini: [antonella.nannicini@unifi.it](mailto:antonella.nannicini@unifi.it)

Fiammetta Battaglia: [fiammetta.battaglia@unifi.it](mailto:fiammetta.battaglia@unifi.it)

**Application documents:**

- 1) Complete, signed application form (you may use the English form “attachment 1B” provided below, or available in the official link).
- 2) Copy of passport.
- 3) C.V. (in Italian or English).
- 4) Preprints and scanned copy of the published version of any articles/books that you wish to submit to the selection Committee’s attention, together with a signed declaration that they are exact copies of the original (use “attachment 2B”).
- 5) Translation into Italian of your Ph.D. diploma, together with a signed declaration that the translation is accurate (only if your Ph.D. diploma is written in languages other than Italian, English, French and Spanish).
- 6) Copy of any other academic titles you wish to submit, together with a signed declaration that they are exact copies of the original (use “attachment 2B”).
- 7) SCHEDA CINECA, filled in and signed (use “attachment 4B”).
- 8) List of all attached documents, publications, etc. (use “attachment 3B”).



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## ATTACHMENT 1B

### APPLICATION FORM Template

**To the Director of the Department of  
Matematica e Informatica Ulisse Dini, Viale  
Morgagni 67/A Firenze**

I, \_\_\_\_\_ (family name)  
\_\_\_\_\_ (first name/s)

Place of birth \_\_\_\_\_ (Country) \_\_\_\_\_ Date of birth  
(dd/mm/yyyy) \_\_\_\_\_

Permanent address: (Town) \_\_\_\_\_ Province/State  
\_\_\_\_\_

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

Country \_\_\_\_\_ Phone number (inc country code)  
\_\_\_\_\_

e-mail \_\_\_\_\_

Skype nickname (in order to be interviewed by videoconference – remote interview  
via \_\_\_\_\_ skype \_\_\_\_\_ accepted)

\_\_\_\_\_ e-mail linked to my skype account:  
\_\_\_\_\_

Codice fiscale italiano (if you do not have one leave blank, you will need one in case  
you are selected for the position)

Contact details if different from the ones above by the time the selection process is  
concluded:



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Correspondence address: (Town) \_\_\_\_\_ Province/State

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

Country \_\_\_\_\_ Phone  
number \_\_\_\_\_

HEREBY APPLY

for admission to the selection procedure laid down in the call for applications -  
Director decree .....- for the award of 1 research fellowship(s) for  
the execution of activities and collaboration with research project Geometria  
Complessa e Simpletica at the Dipartimento di Matematica e Informatica Ulisse  
Dini at the Università di Firenze.

For such purpose, and aware of the civil and penal responsibilities in the event of  
false declarations,

I HEREBY DECLARE

According to articles n. 19, 46, 47 of D.P.R. n. 445/2000:

- that I am a citizen of \_\_\_\_\_ (Country)  
*only for foreign applicants from non-UE countries*
- I declare that I do **not** possess a residence permit for Italy
- I declare that I possess a residence permit for Italy (attach copy)

**type of residence permit:**

\_\_\_\_\_  
(e.g. study, research, family reunification, long-term temporary  
residents, political asylum, humanitarian reasons)

**expiry date:** (dd/mm/yyyy) \_\_\_\_\_

- that the following two mathematicians have agreed to provide a  
recommendation letter upon request of the Selection Committee:

1) name.....surname.....affiliation.....e-mail



2) name.....surname.....affiliation.....e-mail

- that I have obtained the following University degrees (specify, for each degree, the duration, in years, of the studies needed to obtain the degree, the starting date, the date in which it was awarded, the main discipline, the final score and the University in which the degree was obtained):

- that I have a PhD in

\_\_\_\_\_ by  
awarded on (dd/mm/yyyy) \_\_\_\_\_  
(institution)\_\_\_\_\_

- (Choose which applies)

During this PhD I received a grant/salary, of the following duration:

or: During this PhD I did not receive a grant/salary.

- that I am/I am not currently enrolled in an additional PhD in

\_\_\_\_\_ by  
(institution)\_\_\_\_\_ (initial date)\_\_\_\_\_ (expected final date)\_\_\_\_\_

- (Choose which applies)

During this PhD I received a grant/salary, of the following duration:

or: During this PhD I did not receive a grant/salary.

- (Choose which applies)

that I have already been the recipient of an “assegno di ricerca” at an Italian University (specify where (Institution) and when (period)).

that I have NOT been the recipient of an “assegno di ricerca” at an Italian University.

- (Choose which applies)

I have held the following post-doc positions (for each specify where (Institution) and when (period))

or: I have not held any prior post-doc positions.



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- that I have attained the following other degrees/professional achievements:
- that I am aware that the position in object is not compatible with being employed with a public or private firm, either with a permanent or a temporary contract (including part-time contracts), and with other grants. If selected for this position, I will not be receiving any other form of financial aid/salary (as specified in the official call for applications: Art. 13, Divieto di cumulo – Incompatibilità).
- that I will inform you of any change of permanent address.
- That I am aware that interviews will take place on November 9, 2018, starting at 10:30am, as specified in the official call.
- that I am not related by marriage or by blood up to the fourth degree, to any teaching staff working in the Department for which the call is issued, nor with the President, General Manager or a member of the Board of Governors of the University
- that I have a certified disability and require the following support: .....

I hereby understand that personal data provided with this application form, according to the University Regulations, issued with Rector's Decree n. 449 of 07.072004 and amended with Decree n. 1177 (79382) on 29.12.2005, will be treated in accordance with the aims of the appraisal procedure and eventually for the drafting and management of the resulting agreement with the University, and pursuant to the University regulations regarding privacy policy. At any time, I can exercise my rights as stated in the aforementioned regulations.

I hereby declare under my own responsibility that all information provided above are true and correct.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Please attach a copy of your valid ID



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## ATTACHMENT 2B

### Self declaration of conformity to the original

**Declaration given according to art. 19 and 47 of D.P.R. n° 445 of 28/12/00**

*(To be filled out and attached in case of one or more documents provided as photocopies)*

I, \_\_\_\_\_ (family name) \_\_\_\_\_  
(first name/s)

Place of birth \_\_\_\_\_ (Country) \_\_\_\_\_ Date of birth  
(dd/mm/yyyy) \_\_\_\_\_

Permanent address: (Town) \_\_\_\_\_ Province/State \_\_\_\_\_

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

Country \_\_\_\_\_

Aware of the fact that in case of mendacious declarations, falsity in the proceedings or use of false proceedings, will incur in the sanctions according to articles 75 and 76 of the Italian legislation n. 445 of 28/12/00 and immediately loose the award of the grant:

### DECLARE

-that the copies of the documents or the copy annexed in electronic form listed below are compliant with the original

- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
- etc \_\_\_\_\_

date \_\_\_\_\_

The Declarant

\_\_\_\_\_

Please attach the copy of your valid photo ID



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## ATTACHMENT 3B

### LIST OF ATTACHMENTS TO THE APPLICATION FORM

I, \_\_\_\_\_ (family name)

\_\_\_\_\_ (first name/s)

Place of birth \_\_\_\_\_ (Country) \_\_\_\_\_ Date of birth  
(dd/mm/yyyy) \_\_\_\_\_

Permanent address: (Town) \_\_\_\_\_ Province/State

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

Country \_\_\_\_\_

contact details if different from the ones above by the time the selection process is  
concluded:

Correspondence address: (Town) \_\_\_\_\_ Province/State

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

Phone number \_\_\_\_\_

### ATTACH

To this application the following:

- 1).....
- 2).....
- 3).....
- 4).....

Date \_\_\_\_\_

\_\_\_\_\_  
Signature





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## ATTACHMENT 4B

# CINECA Form for Research Grant Agreement

(THE INFORMATION GIVEN BELOW MUST COINCIDE WITH THAT GIVEN IN THE APPLICATION FORM - ATTACHMENT 1)

### PERSONAL DATA

**Codice fiscale italiano** (please print in block letters) If you do not have any leave blank, you will need to provide one if selected for the position

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) Place of birth \_\_\_\_\_

Province/state \_\_\_\_\_ Country \_\_\_\_\_ of birth \_\_\_\_\_  
Citizenship \_\_\_\_\_

### ADDRESS AND CONTACT DETAILS

**Permanent address in Italy** (If you do not have one leave blank),

Street name \_\_\_\_\_ n. \_\_\_\_\_

Postal code \_\_\_\_\_ Town \_\_\_\_\_ Province/area  
(Comune) \_\_\_\_\_ Italy

**Address for tax purposes in Italy** (If you do not have one leave blank)

Street name \_\_\_\_\_ n. \_\_\_\_\_

Postal code \_\_\_\_\_ Town \_\_\_\_\_ Province/area  
(Comune) \_\_\_\_\_ Italy

**Your actual permanent address**

Street name \_\_\_\_\_ n. \_\_\_\_\_

Postal code \_\_\_\_\_ Town \_\_\_\_\_



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\_\_\_\_\_ **Province/area** \_\_\_\_\_  
**Country** \_\_\_\_\_

**Address for tax purposes** (if different from your permanent address)

**Street name** \_\_\_\_\_ **n.** \_\_\_\_\_

**Postal code** \_\_\_\_\_ **Town**

\_\_\_\_\_ **Province/area** \_\_\_\_\_

**Country** \_\_\_\_\_

**Contact details** (if different from your permanent address by the time the selection process is concluded):

**Correspondence address:** (*Town*) \_\_\_\_\_ **Province/State**

\_\_\_\_\_ **Street** \_\_\_\_\_ **n.** \_\_\_\_\_ **Postal code** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ **MOBILE** \_\_\_\_\_ **PH.**  
**N.** \_\_\_\_\_

## **EDUCATIONAL QUALIFICATIONS OBTAINED:**

**List below your University degrees** (specify, for each degree, the duration, in years, of the studies needed to obtain the degree, the starting date, the date in which it was awarded, the main discipline, the final score and the University in which the degree was obtained):

<b>DOCTORAL/PHD</b>	<b>QUALIFICATION</b>	<b>IN</b>
_____	<b>obtained</b>	<b>i</b>
<b>Starting date</b> _____	<b>Closing date</b> _____	<b>Number of</b>
<b>Months</b> _____ <b>n</b> ( <i>date</i> ) _____	<b>at the</b>	<b>University of</b>

**Scholarship** NO ( ) or YES ( ) From dd/mm/yyyy to dd/mm/yyyy - number of months \_\_\_\_\_



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## **ENROLLMENT IN THE PROFESSIONAL REGISTER OF**

\_\_\_\_\_ **Province/State** \_\_\_\_\_ **Address**  
\_\_\_\_\_

## **AGREEMENT DATA**

**Institution of affiliation: Dipartimento di Matematica e Informatica Ulisse Dini,  
Università di Firenze**

**Call details: Director Decree .....**

**Number of months 12 Starting date (dd/mm/yyyy) .....**

**Research Supervisor (Tutor) .....**

**Research Project Title: Geometria Complessa e Simpletica**

**Area - Settore scientifico disciplinare: 01-MAT/03**

Date

\_\_\_\_\_ **Signature** \_\_\_\_\_