

PERSONAL DETAILS FORM

MEDICAL SPECIALISATION SCHOOL IN Name of School:			
Programme year:			
SURNAMENAME			
NATIONALITY TAX ID number			
Date of birth Sex F □ M □ Place of birt		□ Place of birth _	Country
Residential address City/town		y/town, Country	Postal Code
Current address City/town, Country		Postal Code	
Phone Mobile phone			
Email address			
Medical association (ENP	AM): MEMBER		NON-MEMBER
□ IBAN INTERNATIONAL BANK ACCOUNT NUMBER (27 alphanumerical characters)			
-	_		which you are the HOLDER or CO-HOLDER
Country Cin Eur Cin code	ABI	САВ	Account number (12 alphanumeric characters)
BANKCITY			
AGENCY OR BRANCH			
For insurance purposes, doctors in specialised training must register for separate social security management ("Gestione separata INPS") pursuant to Art. 2(26) of Law no. 335 of 8 August 1995.			
,		-	(Signature)
	I. THE UNDF	RSIGNED, ACKNOV	
Pursuant to Art. 13 of the EU Regulation 2016/679 (hereinafter the "Regulation"), we inform you that the processing of the personal data provided or in any case acquired by the University of Verona, has the purpose of allowing the request and payment of the due amount and the application of obligations relating to social security, tax and contribution provided for by current legislation and will be carried out at the University by authorised staff, also by means of computer technologies, in the ways and within the limits necessary to achieve the above purposes. Data will be stored in compliance with the regulations on the storage of administrative documentation.			
All sections of this form must be completed. This form is considered valid until further notice.			
(Date)		•	(Signature)