



SISSA
SCUOLA INTERNAZIONALE SUPERIORE DI STUDI AVANZATI
Via Bonomea 265, 34136 Trieste (Italy)
tel.: 04037871 - telefax: 0403787249

To the Director
SISSA

I, the undersigned _____ born on _____
in _____ enrolled in the _____ year of the Ph.D course in
_____, for the present academic
year 2012/13.

REQUEST A LAPTOP CONTRIBUTION
(copy of receipt enclosed)

AND DECLARE

in accordance with and for the effects of art. 23 of DPR 600/1973 and subsequent modifications for
Taxation Allowances (art. 13, DPR 917/1986) and in accordance with arts. 46 and 47 of DPR
445/2000,

on my own responsibility that as from the academic year 2012/13 I am eligible for:

allowances for employee status or equivalent (art. 13 of DPR 917/1986).

**I promise to inform the Administration in writing as soon as possible of any changes to the
above information.**

**In accordance with Italian Law 196/03, I hereby give permission to use my personal data for
all matters connected to the contract and for statistical purposes.**

Date, _____

Signature _____