



**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 2011/12.

**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 2011/12 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 \_\_\_\_\_