

APPLICATION FOR ADMISSION TO THE PUBLIC CALL FOR THE RECRUITMENT OF PERMANENT UNIVERSITY-CONTRACTED ACADEMIC STAFF AT THE UNIVERSITY OF BARCELONA IN THE FRAMEWORK OF THE SERRA HÚNTER PROGRAMME (SHP).

PERSONAL INFORMATION

First family name		Second family name		Nai	Name	
Date of birth	birth Town/city of birth		Province/region and country of birth		Identity document / passport number	
Home address Street						
Town or city			Postcode	Province or	region	
Contact telephone number		Email address				
NATIONALITY [pleas	e indicate]: Spanisl	h 🗖 🛛 Eu	ropean Union but n	ot Spanish 🗖	Non-European Union 🗖	

ACADEMIC INFORMATION

Doctoral degree	
University	Date of issue

ACCREDITATIONS

Accreditation	
Accrediting institution	Date of issue
Accreditation	
Accrediting institution	Date of issue

I APPLY to be admitted to the call detailed below and **I DECLARE** that the information presented in this application is true and that I meet the conditions required to apply for the call.

INFORMATION ABOUT THE CALL

Date of publication in the Official Gazette of the Government of Catalonia	Call code:			
(Diari Oficial de la Generalitat de Catalunya, DOGC):				
Category:				
Area of knowledge / profile:				
Department:				
Faculty or school:				
Speciality ⁽¹⁾ :				

⁽¹⁾ Only for hospital positions associated with health care.

DOCUMENTS TO BE PRESENTED IN PERSON AT THE OFFICE

- ✓ The application form, duly completed, signed, stamped and submitted within the deadline established.
- ✓ A document accrediting the payment of the inscription fee of 69,25€ Banc Bilbao Vizcaya Argentaria (ES19 0182 6035 4102 0160 8081)
 - Banc Santander (ES85 0049 1806 9627 1188 0769)
- ✓ Electronic payment by credit card

DOCUMENTS TO BE EMAILED TO THE ADDRESS personal.academic.concursos@ub.edu

Please tick one of the following:

Academic documents

□ No documents, because I already presented my documents to the organizers of the Serra Húnter Programme for this selection process. I also authorize the University of Barcelona to use the said documents for the purposes of this application.

Signature of the interested party or of the person authorized by them	Place and date

EXCM. I MGFC. SR. RECTOR DE LA UNIVERSITAT DE BARCELONA