

APPLICATION FORM**SUBMITTED TO
THE UNIVERSITY OF IOANNINA**

SURNAME:

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NAME:

.....

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FATHER'S NAME:

.....

DATE OF BIRTH:

.....

INSTITUTION:

.....

POSITION:

.....

ID CARD # or PASSPORT #:

.....

E-mail:

.....

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TEL.

#:.....

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SUBJECT: Candidacy for the position of external
member of the Governing Council of
the
University of Ioannina.

I Hereby:

a) submit my application for the position of external member at the Governing Council of the University of Ioannina according to the current legislation law within the framework (ref. nr.) of the open call for the selection of external members of the Governing Council of the University of Ioannina.

b) accept the terms and conditions of the selection process and declare that I acknowledge all duties and responsibilities that arise from my participation as an external member of the Governing Council of the University of Ioannina as well as all responsibilities executed by the Governing Council.

c) consent to the collection and processing of my personal data as stated in this application and all submitted documents exclusively for the evaluation purposes of my candidacy for the selection procedure of the open call (ref. nr.)

Location/Date

..... /
.....

Applicant's Name

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....**ATTACHED DOCUMENTS:**

1. Copy of Identity Card or Passport
2. Detailed CV
3. Any additional document or proof the candidate deems necessary to support their candidacy (optional).
4. Letter of Interest for the position of external member (optional).

(Digital Signature)