

MINISTRY OF EDUCATION

**FEDERAL UNIVERSITY OF PARAÍBA**

APPLICATION FORM

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| --- |
| USE BLOCK LETTERS |
| : Full Name: |
| ID number / issued by: | Issue date: | CPF: |
| E-mail address: | Contact numbers with local code: |  |
| Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If the application is presented by proxy, fill out the fields below:** |
| Name of representative: |
| ID number / issued by: | Issue date: | CPF |
| Home address of the representative: |
| In accordance with Consepe Resolution No. 24/2019, Article 10, I hereby present my application for the Simplified Selection Process for Visiting Professor referred to In Notice No. 20/2023, published in the Official Gazette of Brazil no. 74, of 18 April 2023, section 03, p. 64. |
| Responsible Department: | Field of knowledge you wish to apply for: |
| Exemption¹: CadÚnico ( ) Bone marrow donor ( ) |  Candidate self-declared a person of color²: yes ( ) no ( ) |
| Person with disability³: yes ( ) no ( ) | Inform the type of special assistance (if necessary): |
| I also declare that I agree with the regulations contained in Consepe/UFPB Resolution no. 24/2019, and the applicable legislation, and in the notice for the Simplified Selection Process mentioned above and other procedures defined by the Selection Committee.I affirm that the information provided in this form is true, and that all documentation presented are regular and true; and that I am aware that, in case of false statement, there may be administrative, civil and criminal sanctions applicable. |
| Place and date | Signature of the candidate or legal representative |