

MINISTRY OF EDUCATION

**FEDERAL UNIVERSITY OF PARAÍBA**

APPLICATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | | | |