Last Name:

 First name:

 CSS n°:

**Application request**

This form is an obligatory part of the application and must be completed by all candidates. Failure to do so will result in rejection of the application.

I, the undersigned (name in capitals and first names),…

request my inclusion as a candidate for research recruitment (**Research associate**) according to the decree
n°95-979 of 25th August 1995 relating to recruitment for disabled workers within the French civil service.

I certify that the information given in this file is accurate and that I was informed that:

- the submission of an incomplete file will result in automatic rejection of the application,

- if I am included in the list of successful candidates, my name will be removed from this list if my declaration is found to be incomplete or inaccurate.

Completed at… Date:

 **Signature:**

 (mandatory)