



UNIVERSITÀ DEL PIEMONTE ORIENTALE
DEPARTMENT OF TRANSLATIONAL MEDICINE

Via Solaroli, n. 17 – 28100 Novara

Declaration

I, the undersigned _____
date of birth ____ / ____ / _____ place of birth _____ country _____
Address _____
Zip code _____ City _____ Country _____
Italian Tax Code: _____
in service at _____
as _____
aware of the criminal consequences provided for by art. 76 of DPR n. 445/2000 for cases of
falsification of documents and false statements, under my own responsibility

DECLARE

that the hotel _____, which I stayed in
during the mission to _____ starting from date ____ / ____ /
_____ ending on ____ / ____ / _____, is rated _____ stars (____ category).

Novara, _____

Signature
