



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF HEALTH SCIENCES

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
