DECLARATION

The undersigned (surname)_____(name)_____

born in _____on_____

address_____

zip code_____ municipality_____

country_____

aware of the penal sanctions in case of false statements, production or use of false deeds, referred to in art. 76 of the Italian D.P.R. 445/2000

states

- that he/she is an employee of a foreign public research body or University, or other Institute or International Organization based outside Italy (please specify its name and address):_____
- _____
- that during the period of the INFN assignment he/she will not take any leave of absence from his/her principal job.

Place

…….

Date

……..

Signature

……...