DECLARATION FORM OF THE HOSTING UNIVERSITY/BODY/COMPANY FOR OUTGOING STUDY/FINAL THESIS/PHD/PHD PROJECT – FACSIMILE

(headed paper required)

To the Rector of the Victor babes University of Medicine and Pharmacy, Timisoara

Prof. dr. Octavian-Marius Cretu

SUBJECT: International mobility programme/agreement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in mobility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - **performing practical and / or lab activities –** Declaration of compliance with safety measures against Covid-19 spread

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as:

* Legal Representative of the University/Body/Company;
* Legal Representative of the research facility/research center of the University/Body/Company;
* Safety Manager of the University/Body/Company;
* Safety Manager of the research facility/research center of the University/Body/Company;
* delegate, acting as proxy for one of the persons above [[1]](#footnote-1);

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [[2]](#footnote-2),

which will host Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_, enrolled in the BA/MS Degree Programme/ PhD Programme in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of Pisa, selected within the mobility programme/agreement \_\_\_\_\_\_\_\_\_\_\_ academic year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for study/final thesis work/ PhD project to be carried out at this University/Body/Company from\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

DECLARE

that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be guaranteed the compliance with all the provisions on health and safety applied in the workplaces, as well as the safety measures against Covid-19 spread, related to the workers, sector, activity and workplace where the practical and/or lab activity is carried out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[[3]](#footnote-3).

Proxy shall be annexed[[4]](#footnote-4).

Place and date

University/Body/Company

(Stamp and signature)

1. Tick the applicable box. In the event of delegator, please annex the proxy statement. [↑](#footnote-ref-1)
2. Please provide the name of hosting University/Body/Company and, in the event of declaration signed by legal representative or manager of the research facility/center, please indicate also the name of the research facility/center [↑](#footnote-ref-2)
3. Please provide relevant details about the activity. [↑](#footnote-ref-3)
4. For declaration signed by a delegated person only. [↑](#footnote-ref-4)