



UNIVERSITÀ DEL PIEMONTE ORIENTALE
DEPARTMENT OF TRANSLATIONAL MEDICINE

Via Solaroli, n. 17 – 28100 Novara

Statement for mission abroad

I, the undersigned _____
included in the research programme _____,
extraneous to the University Administration and other public Entities, must go on a mission to
_____ from ____ / ____ / _____
to ____ / ____ / _____, under my own responsibility, declare I hold an insurance and raise the
University Administration from any liability arising from the mission.

Signature
