



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF HEALTH SCIENCES

Via Solaroli, n. 17 – 28100 Novara

COLLABORATORS

Declaration pursuant to art. 15 of Legislative Decree no. 33, 14th March 2013

Statement in lieu of a notarised document

I, the undersigned MICHAEL GASIK,
born in DNIPRO
State FINLAND
Date of birth 27.03.1962
Italian Tax code (only if possessed) GSKMHL62C27Z109G
resident in (country) FINLAND
City and postcode 00900 HELSINKI
Address DLAVINLINNANTIE 5 A 19
tel/mobile +358-50-5605511
e-mail michael.gasik@aalto.fi
address (if different from residence) _____
as a Collaborator (ref. Contract no. _____ of ____ / ____ / _____, Prot. n. _____)

HEREBY DECLARE THAT,

pursuant to art. 15 of Legislative Decree no. 33, 14th March 2013, art. 15, c, 1, letter c),

I – APPOINTMENTS AND POSITIONS

(tick the appropriate box and fill in)

I don't have any permanent or temporary employment in private law entities regulated or funded by the Italian Government

or

I have the following employment in private law entities regulated or funded by the Italian Government



II – PROFESSIONAL ACTIVITIES

(tick the appropriate box and fill in)

I don't carry out any professional activity

ovvero

I carry out the following professional activities (specify the type and the denomination of the entity/company)

III – CONFLICT OF INTEREST

I am not related to or have any kinship up to the fourth degree included with:

- the teaching staff of the Department Of Health Sciences;
- the Rector and the General Director of the Università del Piemonte Orientale;
- the Members of the Board of Directors of the Università del Piemonte Orientale,

and I undertake to provide notification should the above occur at a later date.

Date 13,09,2016

Signature


Michael Gasik