



UNIVERSITÀ DEL PIEMONTE ORIENTALE
DEPARTMENT OF TRANSLATIONAL MEDICINE

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 MARIA ROSALIA GALANTI
born in [REDACTED] ([REDACTED])
State [REDACTED]
Date of birth [REDACTED]
Italian Tax code (only if possessed) [REDACTED]
resident in (country) [REDACTED]
City and postcode [REDACTED] [REDACTED]
Address [REDACTED] [REDACTED]
tel/mobile [REDACTED] [REDACTED]
e-mail [REDACTED] [REDACTED]
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)

PROFESSOR, RESEARCHER KAROLINSKA INSTITUTET

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 Translational Medicine;
- 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 6 / 12 / 2017

Signature

Maria Luce Fels