



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

\_\_\_\_\_