To Politecnico di Torino

Dipartimento di Scienza

Applicata e Tecnologia (DISAT)

Corso Duca degli Abruzzi, 24

10129 - Torino

**Subject: declaration research activity and insurance civil liability and social security protection and occupational accidents.**

We declare that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in \_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_, is currently employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the period from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_.

Choose one of the two options:

With reference to the Convention/International Agreement/Collaboration Agreement/MoU (choose one of the options) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ stipulated between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Politecnico di Torino, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will carry out research activities on the topic "\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_" at DISAT for the period from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the supervision of Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or

With reference to the invitation letter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ will carry out research activities on the topic "\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_" at DISAT for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ under the supervision of Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_

We also declare that, for the period of stay at DISAT, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ is covered by the following insurances:

• social security protection and occupational accidents: policy no. \_\_\_\_\_\_\_\_\_\_\_\_\_ - Company: \_\_\_\_\_\_\_\_\_\_\_\_\_

• Civil Liability: policy no. \_\_\_\_\_\_\_\_\_\_\_\_\_ - Company: \_\_\_\_\_\_\_\_\_\_\_\_\_

For the entire period of stay at DISAT, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertakes to observe all the health and safety rules adopted by the Department, as established by Italian law in Legislative Decree 81/2008.

Date and place, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

The Head of the institution to which they belong

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_