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UNIPD SCHOLARS AT RISK 2024 DECLARATION OF ACCEPTANCE

I,

Name and Surname:

Date of birth:

Country of birth:

Nationality:

Country of residence:

conscious of the penal sanctions for falsification of documents and false statements as per art. 76
DPR 445/2000,

HEREBY DECLARE

that I accept the opportunity of application to the "*UNIPD Scholars at risk 2024*" call.

Place _____

Date (dd/mm/yyyy) _____

Signature _____