

Dipartimento di Scienze e Tecnologie Ambientali Biologiche e Farmaceutiche

FREQUENCY CERTIFICATE

Please complete the Form. All data are compulsory and valid until update by you.

	The Undersigned
Surname	
1 st name	
Date of birth dd/mm/yy	
Place of Birth	
Citizenship	
Tax code (codice fiscale)	
Mobile number	
Email address	
	Address in Italy
Address	
City	
	Address in your Country
Address	
City	
Enrolled in the PhD Course	
University	Department
	Hereby declares
To attend Distabif Laboratories located in Via Vivaldi, 43 Caserta at Vanvitelli University, from (starting date)	
to (ending date)	
Attached copy of passport/identification document nr	

Signature_

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