

**SPITALUL CLINIC JUDEȚEAN DE URGENȚĂ "PIUS BRÎNZEU" TIMIȘOARA,
Romania**

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UNIVERSITATEA DIN SZEGED, UNGARIA

**Proiect "Improving health-care services through innovative RO-HU surgical ideas"-
ROHUNOVATION,
Codul eMS: ROHU-400**

DECLARATION ON OWN RESPONSIBILITY REGARDING DOUBLE FINANCING

The undersigned _____, Personal
Identification Number _____, profession
_____, place of work/study _____, hereby
declare that I have not taken part in any other project financed from non refundable funds, with
the same curricula and activities as the project titled "Improving health-care services through
innovative RO-HU surgical ideas"- ROHUNOVATION, eMS code : ROHU-400
I was informed on my rights, responsibilities and benefits that come with my participation in this
project and I undertake to respect them.

Date:

Name and signature: _____