

**"PIUS BRÎNZEU" COUNTY EMERGENCY CLINICAL HOSPITAL
TIMIȘOARA, Romania**

UNIVERSITY OF SZEGED, HUNGARY

**Project "Improving health-care services through innovative RO-HU surgical ideas"-
ROHUNOVATION**

eMS: ROHU-400

COMMITMENT to availability for project activities

The undersigned _____,
Personal Identification Number _____, domiciled in the
locality _____, County _____, Str.
_____, No. _____, Bl. _____, Ap. _____, phone
_____, e-mail _____,
Identity Card Series _____, Nr. _____, profession _____, job/place of
study _____, candidate
for the target group of the project "Improving health-care services through innovative RO-
HU surgical ideas" - ROHUNOVATION, eMS code: ROHU-400, I declare on my own
responsibility that I have been informed about the objectives and activities of the project and
I undertake to respect the requirements of the program, to participate in all the activities
incumbent on me and to prepare all the documents requested by Project Implementation Unit
ROHUNOVATION.

Date:

Thank you,

Name, surname and signature: _____