



DIREZIONE AFFARI GENERALI E ORDINAMENTO
UFFICIO AFFARI GENERALI E INCARICHI

date,

DECLARATION

First name Surname

Born in on

Nationality.....

Arriving from

Academic Qualification¹⁾

Belonging to ²⁾.....

Takes note that the attribution by INFN of the position of “Associated Visitor” implies:

- a) the possibility of utilizing the scientific and technical equipment as well as the financial support provided by INFN for carrying out those research activities for which INFN has granted such a position;
- b) the right to be reimbursed of the travel expenses incurred in connection with the carrying out of the above mentioned activities;
- c) the right to be inserted according to the insurance system foreseen for the category of the INFN “Associated Visitors”;
- d) the duty to collaborate to the research activities to which he is associated, following the indications given by both the governing bodies of INFN and the Director of the INFN Section/Laboratory of This collaboration may also require duty travels.

Signature

.....

Signature of the Director
of the INFN Section/Laboratory

.....

1) Degree, Diploma, etc.

2) Please specify the Research Organization, University, Laboratory etc.