



DECLARATION

I, the undersigned, Lect. dr. Chockalingam Nachiappan, holder of the identity document series, no. ...151054589....., issued by ..UK HMPO....., residing at5 Ryburn Close, Weston, Crewe CW2 5RN....., hereby declare under my own responsibility that I will carry out the following teaching activities in the following subjects, within the Faculty of Biology and Geology, undergraduate study program in *Podiatry*:

1. Fundamente de podiatrie / Introducere în podiatrie

Name and Surname:

Chockalingam Nachiappan

Date:

....17 May 2025.....

Signature:

.....