



DECLARATION

I, the undersigned, Lect. dr. Gatt Alfred, holder of the identity document series, no. 238064M., issued byMalta....., residing at Wynn Court, 25/2, Triq tal-Katidral, Sliema, Malta....., 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. Biomecanică
2. Patologie podiatrică
3. Podiatrie preclinică
4. Îngrijirea podiatrică a piciorului cu risc

Name and Surname:

Gatt Alfred

Date: 21/05/2025

Signature:

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