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DECLARATION

I, the undersigned, Lect. dr. McIntosh Caroline, holder of the identity document series .passport....., no. 532134863....., issued by HMPO United Kingdom....., residing at .....17 Cul Gharrai, Rahoon, Galway, Ireland....., 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. Podiatrie preventivă și comunitară

Name and Surname:
McIntosh Caroline

Date: 23/05/25

Signature. .....