



DECLARATION

I, the undersigned, Conf. Pillai Anand, holder of the identity document series .UK Passport no. 128363650 issued by United Kingdom residing at 49 Oakwood Lane WA143DL 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. Îngrijiri calificate în ortopedie și traumatologie
2. Îngrijiri calificate în chirurgie pediatrică și ortopedie pediatrică

Name and Surname:

Pillai Anand

Date:

.....14/05/2025.....

Signature:

....*Anand Pillai*