



## DECLARATION

I, the undersigned, Lect. dr. Mark Price, holder of the identity document series .passport, no. 145674633, issued by United Kingdom of Great Britain and Northern Ireland, residing at 5 Boyden Close, Penkridge, Staffs, ST19 5TG UK, 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 clinică

Name and Surname:

Mark Price

Date:

.15th May 2025

Signature: