



DECLARATION

I, the undersigned, Lect. dr. Wilson Pauline, holder of the identity document series *Panor*, no. *536458926*, issued by *HUPO*, residing at *10. Arondale Cres*, *Arkla*, 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. Tratarea piciorului diabetic

Name and Surname:

Wilson Pauline

Date:

14/5/25

Signature: