Letterhead PMU or SABES

PLACE AND DATE

I, undersigned, Dr. …………………………………………….. as **PI/co-PI** for the project proposal entitled ………………………………………………………………………………………………………………………………………………......., submitted to the call for the ***South Tyrolean Fund for the Promotion of Scientific Research (SFPR) at the South Tyrolean Health Care Service (SABES) and the Paracelsus Medical University Salzburg (PMU),*** state that:

* description of the employment relationships
* employment duration
* employment address
* work telephone number and fax
* work email address.

Signature

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