

Lublin, on .....

Name .....

Position .....

Employment (full / part time) .....

Department / affiliation .....

ORCID id.....

### **DECLARATION**

#### **of ceasing scientific activity at the Medical University of Lublin**

I, ..... hereby declare that **I have ceased scientific activity** at the Medical University of Lublin.

Additionally, I confirm I am aware that submitting this declaration will result in rendering my previous declarations that is „Declaration on the represented field and scientific discipline” and, if applicable, “Declaration of authorizing the University to classify my person as an active researcher (N number)”—\* null and void.

\*) cross out non- applicable