

Lost or damaged dosimeter form

The undersigned		
Born in	on	
Student ID no		
Hereby confirms		
■ Having lo	ost the dosimeter no	
■ Having d	damaged the dosimeter no	
	ests a new dosimeter for the terms	
	Dosimeter Regulations, the undersigned confirms having paid a €20,00 fi	ine for a new
■ to the Univ	versity's Administration Office	
	yPal to the email address administration@unicamillus.org stating the reas y NAME, SURNAME and STUDENT ID NUMBER.	son as New Dosimeter
When collecting the ID card.	e new dosimeter students must present a receipt of payment and show th	heir personal universit
DATE	SIGNATURE	