To Whom It May Concern

| This is to certify that Mr./Mrs. | | |
|----------------------------------|------|------|
| has been employed by the | | |
| as: | | |
| (permanent contract) | | |
| (temporary contract) | | |
| | from | . to |

He/She is allowed to go to work to National Laboratories of Frascati of INFN

from to

Institute stamp and Director's signature