**Attachement 3to the enquiry no GAPR-ProVaHealth/ /19/W**

**DECLARATION ABOUT EXPERIENCE AND SKILLS OF THE OFFEROR**

I, the undersigned, declare that I have skills and experience that corresponds with the requirements stated in the enquiry number **GAPR-ProVaHealth/ /19/W,** which is proven by the following actions and projects I was involved in:

|  |  |  |
| --- | --- | --- |
| No. | Action, experience, project description | No. of the requirement fulfilled (a,b,c) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

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Place, date Signature