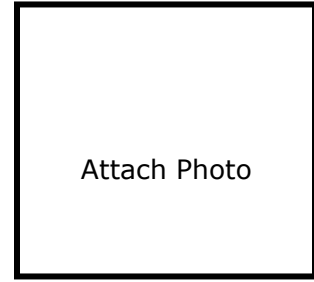


DEPARTMENT OF STUDENTS' WELFARE
S.N.D.T. WOMEN'S UNIVERSITY MUMBAI-400 020

PROFORMA
FOR LEADERSHIP CAMP



To be filled in by the student who is travelling with us for the programmes outside Mumbai:-

Name of the student : _____
Name of the College : _____
Class in which studying : _____
Subject : _____
Age/Date of Birth : _____
Home Address : _____
Telephone Number (if any) : _____
Mobile No and Email Id : _____

Name of the Curricular/Extra:	College Level	University Level	State Level
Curricular Activities participated at the College, University and Inter University Level	_____	_____	_____

Signature of Principal

Students' Signature



PERMISSION CERTIFICATE

I hereby permit my daughter/ward Ms. _____ to participate in the activity intimated by Dept. of Students' Welfare. We shall not hold the Dept. of Students' Welfare, S.N.D.T. Women's University responsible in case of any eventuality that may occur during the travel or programme.

Date:

Signature of the Parent/Guardian