



**SNDT WOMEN'S UNIVERSITY
DEPARTMENT OF PHYSICAL EDUCATION
SPORTS LEADERSHIP TRAINING CAMP
VIDHAYAK SANSAD, USAGAON, VASAI
AUGUST 1 to 3, 2017.**

NAME: _____

COLLEGE / DEPARTMENT : _____

CLASS: _____

DATE OF BIRTH: _____

TEL NO: Mobile: _____ (R) _____

Student Signature

**Principal Signature with stamp
& College Seal**

DECLARATION

I hereby permit my student/ward _____ to participate in the SNDT SPORTS LEADERSHIP TRAINING CAMP at Vidhayak Sansad, Usagaon, Vasai from August 1 to 3, 2017 and will not hold the SNDT Women's University, Department of Physical Education, responsible in case of any eventuality that may occur during the travel or at the Camp.

DATE:- _____
OF PARENT / GUARDIAN

SIGNATURE