



**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 LEADERSHP 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**