



**SNDT WOMEN'S UNIVERSITY
DEPARTMENT OF PHYSICAL EDUCATION
HIKE TO BHIVPURI WATER FALLS (KARJAT)
JULY 28, 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 Hike to Bhivpuri Water Falls activity from July 28, 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