



SNDT WOMEN'S UNIVERSITY
DEPARTMENT OF PHYSICAL EDUCATION
SPORTS LEADERSHIP TRAINING CAMP
LESLIE SAWHNY CENTRE DEVLALI

∴ 0253- 2491258

AUGUST 14-15-16, 2014.

NAME: _____

COLLEGE: _____

CLASS: _____

DATE OF BIRTH: _____

TEL NO: Mobile: _____ (R) _____

Student Signature

Principal Signature

DECLARATION

I hereby permit my student/ward _____ to participate in the SNDT SPORTS LEADERSHP TRAINING CAMP at Leslie Sawhny Centre, Devlali from August 14 to 16, 2014 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:- _____

SIGNATURE OF PARENT / GUARDIAN