

M. T. & T. S. Programme

I hereby assure the director of the MTTS programme

- that I will abide by all the rules and regulation of the host institution
- that I will attend the programme for the entire period
- that, in case I have to leave on an emergency, I shall inform the local coordinator of the camp and take his permission for leave
- that I do not have acute medical problems.

Name of the Candidate

Serial No.

Date

Signature

Name, address and telephone number of the parents and local guardian (if any) to be contacted in case of an emergency.