

# **M. T. & T. S. Programme**

I hereby assure the director of the MTTTS 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.**