

INFORMATION OF ACCOMPANYING STAFF

S.NO	NAME OF COACH/MANAGER	GENDER MALE/FEMALE	DESIGNATION	CONTACT NO.	PHOTO
1.					
2.					

This is to certify that information as mentioned above are true and correct to the best of my knowledge. The deputed staff members will accompany the students all the time and will be fully responsible for their overall behavior and security of the students participating from our School.

Signature of Principal_____

School Stamp with Date_____