

**School Consent Letter:**

To,

**The Programme Coordinator,**

Tribal Mensa Nurturing Program- VAMA

Mensa India, Jnana Prabhodini, 510 Sadashiv Peth, Pune 411030

**TMNP -VAMA Overnight Workshop 2019**

Dates: 30th November to 1st December 2019

Place: Kanya Shala School, Wai

Sir,

I am providing consent for participation of enclosed listed students who have been identified as gifted under TMNP - VAMA program 2019-20 to the TMNP - VAMA Overnight workshop 30th Nov to 1st Dec 2019. I have received all the details about the overnight workshop. I am sending them on my responsibility as the Principal. Two senior lady representative from Kanya Shala Wai, will accompany the overnight workshop on the behalf of the school.

Name of two Lady Representative:

**1.**

**2.**

**Kanya Shala Wai Details:**

Principal Name:

Land line Ph.no.

Emergency No.

Mobile No.

Signature & Date

Seal