

Confirmation Form

Awareness Activity and Mock Drills on Hostile Attack Preparedness

1. School Name: _____
2. School Address (with Pin Code): _____
3. Date of Activity: _____
4. Total Number of Participants:
 - Students - Total : ____ Female:____ Male:____
 - Staff - Total : ____ Female:____ Male:____

We confirm that the activity was successfully conducted in our school, and the above details are accurate.

Signature of Principal/In-Charge

Name: _____

Designation: _____

Date: _____