विज़ाग सिटी फुटबॉल क्लब प्राइवेट लिमिटेड फुटबॉल विभाग खेल और मनोरंजन शिक्षा

GR आर मनारजन ।शता CIN: U85410AP2023PTC110659

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VIZAG CITY FOOTBALL CLUB PRIVATE LIMITED DEPARTMENT OF FOOTBALL SPORTS AND RECREATION EDUCATION CIN: U85410AP2023PTC110659

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**REF NO: VCFC/DF/25/CON-FORM** 



UNDERTAKING BY GUARDIAN FOR RESIDENTIAL PROGRAMM AT VIZAG CITY FC	
<b>DATE:</b> /	
I,	, hereby undertake the responsibility of keeping my
son,	, enrolled in the yearly residential programme at Vizag
City FC. I acknowledge that I have thoroughly	reviewed and accepted all the necessary terms and
conditions outlined by Vizag City FC for the du	rration of the programme. I understand that my son will be
residing at the designated facilities provided by	Vizag City FC for the duration of the programme. I assure
that my son will adhere to the rules, regulations	s, and disciplinary guidelines set forth by the institution.
Furthermore, I commit to providing any necess	sary support, encouragement, and guidance to my son to
ensure his successful participation in the progr	amme. I also agree to cooperate with the coaching staff and
administration of Vizag City FC for the bettern	ment of my son's athletic development and overall well-being.
I acknowledge that I have been briefed on the s	schedule, curriculum, and expectations associated with the
yearly residential programme, and I am fully $\boldsymbol{s}$	upportive of my son's involvement in this initiative. Should
there be any changes in my contact information	n or circumstances that may affect my son's participation in
the programme, I will promptly notify the relevant	vant authorities at Vizag City FC. I understand the
importance of this commitment and pledge to f	ulfil my responsibilities as a guardian to the best of my
abilities.	
Guardian's Signature Date:	

Authorized Signatory Department Of Football Vizag City Football Club Private Limited