

(to be submitted on School letterhead)

Date :

To
The Traffic Manager
Mumbai Port Trust
Port House, 1st Floor, S. V. Marg
Ballard Estate, Mumbai 400 001

Sub: Visit of school students to the Mumbai Port
Scheme – " **KNOW YOUR PORT** "

Our school desirous to visit Port of Mumbai for which the
details are furnished as under:

1.	Name of School and Board	
2.	Address for Communication	
3.	Tel No./ Fax No./ Email Id	
4.	Whether Govt. Aided/Non-Aided/Municipal	
5.	Name of the Principal	
6.	Person nominated to liaise with Port Authority with his contact details.	
7.	Details of students visiting Port viz Name, Age, Std. and Div. (Please enclose copy)	(Copy enclosed)
8.	Preferred dates of Proposed visit (please indicate three Thursday dates)	

Encl : As above

Principal