



DELHI PUBLIC SCHOOL R. N. EXTENSION

(Under the aegis of the Delhi Public School Society, New Delhi)

DPSRNE/Cir/24-25/02/33

Date: 1 May 2024

CIRCULAR FOR PARENTS

REGARDING: VISIT TO INSTITUTE OF GENOMICS AND INTEGRATIVE BIOLOGY (CSIR-IGIB), NEW DELHI (CLASSES: XI-XII BIOLOGY)

(Through: School ERP/website)

Dear Parents (Classes: XI-XII Biology),

Greetings from Delhi Public School R. N. Extension!

In continuation with the array of educational visits the school is organizing an **Educational Visit to Institute of Genomics and Integrative Biology (CSIR-IGIB), New Delhi** for the students of **Classes: XI-XII (Biology)**, on **Friday, 10 May 2024** from **10:00am to 03:00pm**. The students shall report to school in their normal bus route in the morning at 07:00am.

In this regard, all interested parents of Classes: XI-XII (Biology) are requested to submit the below appended **Consent Form** along with Rs. 300/- (Transportation Fee-non-refundable) and submit to the respective Class Teachers on/before **Monday, 6 May 2024**.

For any further information, you may contact **Ms. Sonia Saraswat-9899172880**.

All concerned parents are requested to **pick your ward at 03:00pm from the school premises**. The students will be **HANDED OVER to PARENTS ONLY. NO PARENTS SHALL BE ALLOWED TO PICK THE STUDENTS AT THE VENUE OR DURING ENROUTE**.

Thank you

Pallavi Upadhyaya
Principal

Copy to: All Staff Members

CONSENT FORM: VISIT TO INSTITUTE OF GENOMICS AND INTEGRATIVE BIOLOGY (CSIR-IGIB), NEW DELHI (CLASSES: XI-XII BIOLOGY)

Reference: School Circular No.: DPSRNE/Cir/24-25/02/33 Dated: 1 May 2024

To,

**The Principal
Delhi Public School R. N. Extension
Morta, Meerut Road, Ghaziabad**

Respected Ma'am,

I _____, parent of _____ Class/Section _____, Admission No.: _____ hereby give consent for **Educational Visit to Institute of Genomics and Integrative Biology (CSIR-IGIB), New Delhi**, for the students of **Classes: XI-XII (BIOLOGY) on Friday, 10 May 2024** from **10:00am to 03:00pm**.

I understand that the school/teacher will take all possible care and precaution to safeguard my ward, however in case of any injury and mishap; I will not hold the School Management, Principal, Teacher and organisation responsible.

Date _____

Contact No. _____

Email Id _____

Signature of the parent with date _____