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vki lcdks ;g lwfpr djrs gq, gesa vR;Ur izlUurk gks jgh gS fd tSu Hkkjrh e`xkorh fo|ky; ^^laLdkj ;qDr f'k{kk }kjk lokZaxh.k fodkl** ds rRooku esa fo|kfFkZ;ksa ds HkkokRed fodkl gsrq fnukad 26 ebZ 2018] fnu 'kfuokj dks ^^tkx`fr f'kfoj** dk vk;kstu djus tk jgk gSA thou&ewY;ksa ds laoZa/ku dh n`f"V ls fofHkUu jkspd o Kkuo/kZd xfrfof/k;ksa ds lkFk fo|kfFkZ;ksa dh lfØ; lgHkkfxrk ij vk/kkfjr bl f'kfoj esa fo|ky; dh fu;fer xfrfof/k ^^"yksdksPpkj.k** ds HkkokRkZ ij xgu ppkZ dh tk,xhA f'kfoj dk ewy mn~ns"; laiw.kZ czg~ek.kM esa ldkjkRed Hkkoksa o fopkjksa dk izpkj&izlkj djuk gS rFkk ,sls okrkoj.k dk fuekZ.k djuk gS tgk¡ gj fo|kFkhZ l`f"V ds d.k&d.k ds dY;k.kkFkZ ;FkklaHko ;ksxnku ns ldsA dk;ZØeksa dk fooj.k bl izdkj gS&

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The Principal
Jain Bharati Mrigavati Vidyalaya
Vijay Vallabh Smarak Jain Mandir Complex,
G.T.Karnal Road,
<u>Delhi-36</u>

Respected Madam,

I hereby permit my ward_____ of class_____ section_____ to attend Jagriti Shivir on 26-05-2018 at Vidyalaya premises. Timings for the same will be from 12.00 noon to 7.00 p.m.

My ward is medically fit. I will take full responsibility for his/her transport arrangements to and fro the school.

Yours faithfully,

Parents Signatures:_____

Name:_____

Address:_____

Phone No.:_____