

JAIN BHARATI MRIGAVATI VIDYALAYA
VALLABH SMARAK JAIN MANDIR TIRTH,
G.T. KARNAL ROAD, DELHI-110036

E-mail: info@jmv.org.in, jbmvidyalaya@yahoo.co.in Website: www.jmv.org.in

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Dated : 07-08-2018

Dear Parent,

Namaskar

As per National Deworming Programme in all Private Schools of Delhi organised by Directorate of Health Services in Communication with DDE all the students from classes VI to XII will be given Tablet Albendazole (400 mg) on 10-08-2018 i.e. Friday. You are requested to give your consent regarding the same.

Regards,

(Anupma Bhardwaj)
Principal

CONSENT FORM

I _____ parent of _____ of class _____ allow my ward to take chewable Tablet Albendazole (400 mg) on 10-08-2018 under the supervision of class teacher.

Parent's Signature: _____

Parent's Name _____

Address: _____

Telephone No.: _____