



Ref No: BBPSMN/2025/02

Date: 09.04.2025

CIRCULAR

Dear Parents

We are pleased to inform you that an educational visit has been organized for the students of **Class VII A and VII C** to the **Pradhanmantri Sangrahalay (Prime Minister's Museum) in New Delhi**. The visit aims to provide students with valuable insights into India's political history, the lives of our former Prime Ministers, and their contributions to the nation.

Details of the Visit:

- **Date: Saturday, 12th April, 2025**
- Drop-off Time: Parents are requested to drop their ward at 8:00 AM at the school.
- Departure from School: 8:30 AM
- Arrival at the Museum: 10:00 AM
- Return to School: 3:00 PM
- Pick-up Time: Parents are requested to pick up their ward from school at 3:00 PM.
- Mode of Transport: School Bus
- Lunch: Students should carry a lunch and water bottle.
- Dress Code: School Uniform
- The trip will cost Rs. 100/- per head (light refreshment will be provided by school).
- Special Instructions: Students should bring their school ID cards, water bottles, and a notebook

The visit will provide an enriching learning experience and is an excellent opportunity for students to gain first hand knowledge of our country's leadership history.

We kindly request you to ensure that your child is present for this educational outing. **Kindly submit the amount and fill out the attached consent form and return by Thursday, 11th April, 2025, through WhatsApp to confirm your participation to your respective class teacher. For any clarification, please call on : 9212808008. Four staff members will be accompanying the students.**

Thank you for all your cooperation.

Warm Regards

Akanksha Sehgal Setia
Vice Principal

Harsh Kumar
Principal

CONSENT FORM

I allow my ward _____ Class ____ Section ____ to take part in the above educational visit to **Pradhanmantri Sangrahalay (Prime Minister's Museum) in New Delhi on Saturday, 12th April, 2025 during school hours and paid Rs. 100/- for the trip.**

I hereby confirm that he/she is medically fit to participate.

Signature of Parent / Guardian - _____

Name of Parent / Guardian - _____

Date _____