



**C.S.D.A.V. PUBLIC SCHOOL, KOTWA ROAD, MOTIHARI**

**UNDERTAKING FROM PARENTS**

**(FOR Students of Std. IX to XII)**

**For Attending School for Doubt Clearance Classes.**

**REPORTING TIME FOR STUDENTS: 08:45 – 09:00 AM (NO ENTRY AFTER 09:00 AM)**

**DEPARTURE TIME 11:00 AM BY OWN MODE OF TRANSPORT**

**ALL CLASSES TO RUN IN THE JOUNIOR CAMPUS**

To,

**The Principal**

CS DAV Public School, Motihari

**I, Shri /Smt. \_\_\_\_\_**

**Father / Mother of Master / Miss. \_\_\_\_\_**

**Class / Section: ..... Admission Number: ..... Roll No : .....**

permit my son/ Daughter to **attend school from 05-10-2020(Monday)** as per the schedule mentioned below and he / shall abide by all rules as laid down by the school under Guidelines from **Government of India / Government of Bihar as Standards of Procedure (SOP)** else he/ she may not be allowed to enter the School Campus.

**On Confirmation of, I assure that my ward shall follow the rules as listed under:**

1. Students must report to the school wearing regular school uniform(Weekdays).
2. He/ She shall carry **two copies** of this **Authority Letter from Parents – One will be taken by the Class Teacher** the other shall be retained by the Students.
3. He/ She shall be **wearing Face Mask throughout his stay time** in School.
4. He/ She shall preferably **wear hand gloves**.
5. He/ She shall bring his own **Water Bottle** and **50 ml Sanitizer Bottle**.
6. He/ She shall wait patiently for **Thermal Screening**.
7. He/ She **shall not touch anything** in the Campus as far as possible and sanitize his hands after doing so.
8. He/ She shall not move around in groups with his **friends or touch/hug/ shake hands**.
9. **He/ She** shall not bring **any Eatable Item** into the Campus nor share with his friends.
10. He/ She shall **inform the Teachers if he/ she is not feeling well**.
11. **The School shall not provide any transportation** to students.
12. It is **responsibility of the Parents** to send and receive students from the School as per the Timings:
13. He/ She **should wear Identity Card of the previous year (if available)**.

**(Declaration of Parents)**

I, hereby declare that all the aforesaid has been read by me and agreed upon and I shall abide by the decision of the School Management.

**Signature of the Parents**

**Name of the Parent/ Guardian: .....**

**Date: \_\_\_\_/\_\_\_\_/2020**

**Address: .....**

**Contact No- .....**

# CS DAV PUBLIC SCHOOL, MOTIHARI

## ROUTINE FOR DOUBT CLEARING CLASSES FOR CLASS- XII

Only on <b>MONDAY, WEDNESDAY &amp; FRIDAY</b>					Only on <b>TUESDAY, THURSDAY &amp; SATURDAY</b>				
ROLL NO	ADM NO	NAME	SECTION		ROLL NO	ADM NO	NAME	SECTION	
1	9865	SHWETANSH KUMAR	XII		11	9866	MAKSEENA KHATOON	XII	
2	9868	PAWAN KUMAR PAL	XII		12	9867	IMTEYAZ ALAM	XII	
3	9874	SHWETA KUMARI	XII		13	9875	SUMEDHA RANJAN	XII	
4	9877	SHIVAM RAJ	XII		14	9876	YASH PANDEY	XII	
5	9882	MOHD ASHHAD	XII		15	9886	ARCHANA KUMARI	XII	
6	9884	AAYUSHI	XII		16	9895	ABHILASHA KUMARI	XII	
7	9891	UJJAWAL ANAND	XII		17	9899	YASH RAJ	XII	
8	9904	KHUSHI RAJ	XII		18	9907	ANURAG OJHA	XII	
9	9905	JYOTI KUMARI	XII		19	9912	ARYA KUMARI	XII	
10	9927	HRITHIK RAJ	XII		20	9922	KUMARI NEERAJ	XII	

## ROUTINE FOR DOUBT CLEARING CLASSES FOR CLASS- XI

Only on <b>MONDAY, WEDNESDAY &amp; FRIDAY</b>					Only on <b>TUESDAY, THURSDAY &amp; SATURDAY</b>				
ROLL NO	ADM NO	NAME	SECTION		ROLL NO	ADM NO	NAME	SECTION	
1	10222	RANI	XI		11	10234	AWANISH KUMAR	XI	
2	10223	AARUSHI NAVYA	XI		12	10235	TANUJA KUMARI	XI	
3	10224	ARYA SRIVASTAVA	XI		13	10237	ISHAN KUMAR	XI	
4	10225	SAMEER KUMAR RAJAN	XI		14	10238	AVIRAL SRIVASTAVA	XI	
5	10226	RAM RATAN	XI		15	10240	AZAD KUMAR	XI	
6	10227	ANUSHKA PRASAD	XI		16	10241	TEJASWI CHANDRA	XI	
7	10228	APRAJITA SINGH	XI		17	10242	RAJEEV KUMAR	XI	
8	10230	SUPREET	XI		18	10244	SAURABH KUMAR	XI	
9	10232	VIKASH KUMAR	XI		19	10251	AASHNA SHRIVASTAVA	XI	
10	10233	AYUSH RAJ	XI						