



# D.A.V. PUBLIC SCHOOL

ASHOK VIHAR PH-IV DELHI -52

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## CIRCULAR

DAVPS/AV-IV/CIR/23-24/48

Date: 31.1.2024

### Consent Slip for State-Level Science Exhibition Participation

I, the undersigned, give my consent for my child, \_\_\_\_\_  
from Class/Grade \_\_\_\_\_ to participate in the Directorate of  
Education State Level Science Exhibition scheduled to take place from 31st January  
2024 to 2nd February 2024.

I understand that this event provides an opportunity for students to showcase their  
scientific talents and innovative projects, and I am supportive of my child's  
involvement.

In the case of any emergency, I can be reached at the following contact number:

\_\_\_\_\_

I hereby grant permission for my child to attend the State Level Science Exhibition,  
and I understand that the school will take necessary precautions for the safety and  
well-being of the participating students.

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Thank you for your cooperation.

Sincerely

Name of the parent