



BBPSRH/Parent/2021-22/50

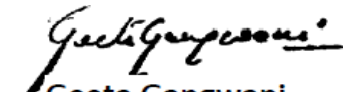
5TH Sept 2021

Dear Parents,

The school is all prepared for safe reopening for class X from 7 Sept 2021. The Time Table and the Declaration Form for same are attached herewith.

The filled Declaration Form may please be submitted by the student at the school gate daily while visiting the school.

Regards


Geeta Gangwani
(Principal)

BBPS ROHINI

CLASS X –OFFLINE TIMETABLE WEF 7th September'21
STUDENTS WILL ENTER AND EXIT FROM GATE NO.4

	BATCH 1 VENUE –X A (FIRST FLOOR)	BATCH 2 VENUE –X-B(FIRST FLOOR)	BATCH 3 VENUE –X-D(FIRST FLOOR)	BATCH 4 VENUE –XII-D(FIRST FLOOR)
TIME	9-10:30	9-10:30	9-10:30	9-10:30
MONDAY	MATHS Ms. Shikha Chadha	BIOLOGY Ms.Pooja Sharma	MATHS Ms.Preeti Tuli	CHEMISTRY Ms.Mridu
TIME	10:30-12	10:30-12	10:30-12	10:30-12
MONDAY	CHEMISTRY Ms.Mridu	MATHS Ms. Shikha Chadha	BIOLOGY Ms.Pooja Sharma	MATHS Ms.Preeti Tuli
TIME	9-10:30	9-10:30	9-10:30	9-10:30
TUESDAY	MATHS Ms.Sapna Makan	HIS/CIVICS Ms.Sugandh	MATHS Ms.Preeti Tuli	PHYSICS Ms.Varsha
TIME	10:30-12	10:30-12	10:30-12	10:30-12
TUESDAY	PHYSICS Ms.Varsha	MATHS Ms.Sapna Makan	HIS/CIVICS Ms.Sugandh	MATHS Ms.Preeti Tuli
TIME	9-10:30	9-10:30	9-10:30	9-10:30
WEDNESDAY	MATHS Ms. Shikha Chadha	MATHS Ms.Preeti Tuli	BIOLOGY Ms.Mridu	GEOGRAPHY Ms. Komal
TIME	10:30-12	10:30-12	10:30-12	10:30-12
WEDNESDAY	GEOGRAPHY Ms. Komal	BIOLOGY Ms.Mridu	MATHS Ms.Preeti Tuli	MATHS Ms. Shikha Chadha
TIME	9-10:30	9-10:30	9-10:30	9-10:30
THURSDAY	PHYSICS Ms.Varsha	MATHS Ms.Sapna Makan	CHEMISTRY Ms.Mridu	BIOLOGY Ms.Pooja Sharma
TIME	10:30-12	10:30-12	10:30-12	10:30-12
THURSDAY	BIOLOGY Ms.Pooja Sharma	CHEMISTRY Ms.Mridu	MATHS Ms.Sapna Makan	PHYSICS Ms.Varsha
TIME	9-10:30	9-10:30	9-10:30	9-10:30
FRIDAY	HIS/CIVICS Ms.Sugandh	GEOGRAPHY Ms. Komal	MATHS Ms.Sapna Makan	PHYSICS Ms.Varsha
TIME	10:30-12	10:30-12	10:30-12	10:30-12
FRIDAY	PHYSICS Ms.Varsha	MATHS Ms.Sapna Makan	GEOGRAPHY Ms. Komal	HIS/CIVICS Ms.Sugandh

Personal Details

Name of Student	
Class & Section	
Admission No.	
Father's Name	
Contact No.	

Self-Declaration Form related to Covid-19

Has your ward had this symptoms in the last month?	Response	If Yes, Give reason and Current Status
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Runny Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lost sense of smell and / or taste	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Breathing Difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have your ward or any family member tested positive for COVID-19 at any time in the last one month/30 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby declare that the information provided above given by me regarding my ward is true to my knowledge and I have not misrepresented any information.

Undertaking

My ward has my due permission and consent to attend offline classes within the school campus. I assure that my ward will follow all the safety protocols and hygiene measures, within and outside the school campus.

Signature of the Parent (Father and Mother)

Date: