



BBPSRH/Parent/2021-22/53


12 Sept ,2021

Dear Parents,

The school is all prepared for safe reopening for the classes for XI A and B from September 14, 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

**TT – OFFLINE PRACTICALS –14.9.21 onwards**

**XI A Students will enter from GATE NO 1**

	<b>XI A</b>	<b>XI A</b>
<b>TUESDAY(14/9)</b>	<b>9:00-11:00am</b>	<b>9:00-11:00am</b>
	PHY(PR) MS MONIKA S <b>Roll No.1-15,31-35)</b> <b>(VENUE-PHYSICS LAB)</b>	CHEM(PR) MS MONICA A <b>(Roll No.16-30,36-41)</b> <b>(VENUE-CHEM LAB)</b>
<b>WEDNESDAY(15/9)</b>	<b>9:00-11:00am</b>	<b>9:00-11:00am</b>
	PHY(PR) MS MONIKA S (Roll No.16-41) <b>(VENUE-PHYSICS LAB)</b>	CS(PR) MS SHIKHA TH <b>(R.No 1-15)</b> <b>(VENUE-SR COM LAB)</b>
<b>THURSDAY(16/9)</b>	<b>9:00-11:00am</b>	<b>9:00-11:00am</b>
	CS(PR) MS SHIKHA TH <b>(Roll No. 16-30)</b> <b>(VENUE-SR COM LAB)</b>	PHY(PR) MS MONIKA S (Roll No.1-15,31-41) <b>(VENUE-PHYSICS LAB)</b>
<b>FRIDAY(17/9)</b>	<b>9:00-11:00am</b>	<b>9:00-11:00am</b>
	CHEM(PR) MS MONICA A <b>(Roll No.1-15,31-35)</b> <b>(VENUE-CHEM LAB)</b>	PHY(PR) MS MONIKA S <b>(Roll No.16-30,36-41)</b> <b>(VENUE-PHYSICS LAB)</b>
<b>MONDAY(20/9)</b>	<b>9:00-11:00am</b>	<b>9:00-11:00am</b>
	CHEM(PR) MS MONICA A <b>(Roll No. 16-41)</b> <b>(VENUE-CHEM LAB)</b>	CS(PR) MS SHIKHA TH <b>(R.No 1-15)</b> <b>(VENUE-SR COM LAB)</b>
<b>TUESDAY(21/9)</b>	<b>9:00-11:00am</b>	<b>9:00-11:00am</b>
	CS(PR) MS SHIKHA TH <b>(Roll No.16-30)</b> <b>(VENUE-SR COM LAB)</b>	CHEM(PR) MS MONICA A <b>(Roll No. 1-15, 31-41)</b> <b>(VENUE-CHEM LAB)</b>

**XI B-----Students will enter from GATE NO 1**

	<b>BATCH -1</b>	<b>BATCH -2</b>
<b>TUESDAY(14/9)</b>	<b>12:00-2:00pm</b>	<b>12:00-2:00pm</b>
	PHY(PR) MR PRAVEEN (R.No 1-16) (VENUE-PHYSICS LAB)	CHEM (PR) VP MA'AM (R.No. 17-32) (VENUE-CHEM LAB)
<b>WEDNESDAY(15/9)</b>	<b>12:00-2:00pm</b>	<b>12:00-2:00pm</b>
	PHY(PR) MR PRAVEEN (R.No 1-4, 19-32 ) (VENUE-PHYSICS LAB)	BIO (PR) MS SARITA (R.No 5-18) (VENUE-BIO LAB)
<b>THURSDAY(16/9)</b>	<b>12:00-2:00pm</b>	<b>12:00-2:00pm</b>
	BIO (PR) MS SARITA (R.No 17-32) (VENUE-BIO LAB)	PHY(PR) MR PRAVEEN (R.No 1-16) (VENUE-PHYSICS LAB)
<b>FRIDAY(17/9)</b>	<b>12:00-2:00pm</b>	<b>12:00-2:00pm</b>
	CHEM (PR) VP MA'AM (R.No. 17-32) (VENUE-CHEM LAB)	PHY(PR) MR PRAVEEN (R.No 1-16) (VENUE-PHYSICS LAB)
<b>MONDAY(20/9)</b>	<b>12:00-2:00pm</b>	<b>12:00-2:00pm</b>
	CHEM (PR) VP MA'AM (R.No 1-4 19-32) (VENUE-CHEM LAB)	BIO (PR) MS SARITA (R no 5-18) (VENUE-BIO LAB)
<b>TUESDAY(21/9)</b>	<b>12:00-2:00pm</b>	<b>12:00-2:00pm</b>
	BIO (PR) MS SARITA (R.No 17-32) (VENUE-BIO LAB)	CHEM (PR) VP MA'AM (R.no 1-16) (VENUE-CHEM LAB)

### Personal Details

<b>Name of Student</b>	
<b>Class &amp; Section</b>	
<b>Admission No.</b>	
<b>Father's Name</b>	
<b>Contact No.</b>	

### 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: