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सैनिक स्कूल अम्बिकापुर

(रक्षा मंत्रालय के अधीन संचालित)

Sainik School Ambikapur

(Under the aegis of **Ministry of Defence**)

मेण्ड्राकलां, Mendra Kalan

जिला – सरगुजा (छत्तीसगढ़)

Dist – Surguja (Chhattisgarh)

पिन कोड – 497 001

Pin Code – 497 001

SSAP/Est/Parent Corrsp/1018/1533

11 फरवरी 2021

कैडेट को स्कूल भेजने बाबत

प्रिय अभिभावक,

1. कृपया ध्यान दें कि सैनिक स्कूल सोसाइटी, रक्षा मंत्रालय द्वारा राज्य सरकार एवं पालकों के सहमति पश्चात सर्वप्रथम कक्षा 10वीं एवं 12वीं तथा परिस्थिति अनुसार कक्षा 9वीं एवं 11वीं खोलने संबंधि दिशा-निर्देश जारी किया गया है।
2. स्कूल खोलने से पहले अभिभावकों एवं राज्य सरकार की सहमति अनिवार्य है। सहमति मिलने के पश्चात ही स्कूल खोलने की प्रक्रिया प्रारंभ की जा सकती है।
3. अतः आपसे अनुरोध है कि इस पत्र के साथ संलग्न सहमति पत्र को पूर्ण रूप से भरकर स्कूल के ईमेल sainikschoolambikapur@rediffmail.com एवं सैनिक स्कूल अम्बिकापुर, मेण्ड्राकलां, जिला – सरगुजा (छ.ग.), पिन – 497001 पर अतिशीघ्र भेजें ताकि स्कूल खोलने संबंधि अग्रिम कार्यवाही की जा सके।



(एस रोलैंड सिंह)
लेफ्टिनेंट कर्नल
प्रभारी उप प्राचार्य
प्राचार्य कृते

संलग्न : उपरोक्तानुसार ।

FORMAT OF UNDERTAKING BY PARENT/ CADET

Place.....
Date.....

From
Mr/ Ms _____
Parent/ Guardian of Cadet _____
Roll No. _____
Sainik School _____

To
Principal
Sainik School _____
Address _____

WILLINGNESS TO SEND WARD TO SCHOOL

Sir/ Maam,

1. I, Mr/ Mrs _____ am parent/ guardian of Cadet _____ (Roll No. _____), of Class _____ studying at Sainik School _____.

2. I intend to convey to you that our ward Cadet _____ (Roll No. _____) is keen on joining the school for the balance of the academic session. We, as parents are also willing to send our ward to school. Though we are fully confident about the precautions and safeguards which will be taken by the school administration, we, the parents/ guardian as well as our ward(s) is/ are aware of the risk and threat posed by Covid-19 infection. We assure the school administration that if my ward contracts Covid-19 during his/ her stay in the school, I or my family members shall not hold the school responsible for it or for any of its consequence. I will have no objection if my ward is expelled from the school for, at any time, not following any of the COVID-19 health safety norms as prescribed by the school,

3. I have enclosed a Certificate as proof that my ward was tested for Covid-19 on _____ and he/ she is declared COVID-19 negative. I shall be personally responsible for the vaccination of my ward against COVID-19, as per the government regulations. I also understand that cadets living in containment zones will not be allowed to attend school.

Yours Sincerely,

(Signature of the Parent/Guardian)
Name _____

(Signature of the Cadet)
Name _____