



BANASTHALI PUBLIC SCHOOL

G-BLOCK, PLOT NO.-16, VIKAS PURI, NEW DELHI -110018

Tel.: 28543824, 28542212, Email: banasthali72@gmail.com

Circular No. BPS/22-23/07

Date: 12.04.2022

Dear Parent,

With the reference to the DoE Circular No.DE.23(-)/Hap.Br./2022/353 dated 22.03.2022 and Circular No. F.No.DE.15(305)/PSB/2020/1806-1812 dated 06.04.2022, the Education department along with the Planning Department, Govt. of NCT of Delhi is conducting a survey of Impact on social and emotional well-being of students, parents and teachers of the schools of Delhi during COVID pandemic in the Session 2022-23. This survey will be conducted during the month of April and May, 2022.

In this regard, the parents are required to give their **CONSENT FOR SURVEY OF IMPACT ON SOCIAL AND EMOTIONAL WELL BEING OF THE STUDENTS** during COVID pandemic latest by **18TH APRIL, 2022 (MONDAY)**.

Parents are requested to kindly allow their wards to participate in this survey.

Hope to seek full cooperation from your end to make the programme successful.

Stay Safe, Stay Healthy!!

Principal

Govt. of NCT of Delhi
Dte. of Education
Consent Form / सहमति पत्र

दिल्ली सरकार माता-पिता, शिक्षकों और छात्रों का एक सर्वेक्षण करने जा रही है जिसके माध्यम से कोविड-19 के परिणाम स्वरूप स्कूलों के बंद होने और ऑनलाइन शिक्षा को अपनाने के कारण छात्रों के मानसिक और भावनात्मक स्वास्थ्य पर प्रभाव का अध्ययन किया जायेगा.

आपसे अनुरोध है की इस सर्वेक्षण में अपने बच्चे की भागीदारी के लिए सहमति प्रदान करें. इस सर्वेक्षण में "व्यक्तिगत जानकारी" पूरी तरह गोपनीय रखी जाएगी.

मैं अपने बेटे/बेटी _____ (नाम) जो कक्षा _____ में पढ़ रहा/रही है को उपरोक्त सर्वेक्षण में भाग लेने के लिए अनुमति है / नहीं है।

(_____)

माता-पिता/अभिभावक का नाम और हस्ताक्षर

Delhi government is going to conduct a survey of parents, teachers and students to study the impact of COVID – 19 on mental and emotional health of students due to closure of schools and adoption of online education.

You are requested to give consent for your child's participation in this survey. The "personal information" in this survey will be kept strictly confidential.

I allow / do not allow my son/daughter _____ (name) studying in class _____ to participate in the above noted survey.

Date: _____

(_____)

Name & Signature of Parents/Guardian