LILAWATI VIDYA MANDIR SR. SEC. SCHOOL

SHAKTI NAGAR , DELHI-110007

Website: www.lilawatividyamandir.edu.in Email :lvm_sss@yahoo.co.in

Circular No. **008** 07-10-2021

Dear Parent / Guardian

In order to prepare the students for the upcoming Board exams, the school is conducting **OFFLINE PRE–BOARD EXAMINATION** w.e.f 22 October, 2021.

For the safety of the students, the school is making all safety arrangements like temperature check, sanitisation at entry gate, Daily sanitisation of classrooms, railings and washrooms etc.

Kindly make sure that your child is following COVID Protocols i.e, wearing of mask, using sanitisers, maintaining distance etc.

The school shall not provide any transport facilities, so we request you to make your own arrangement for your ward to commute to school.

You are requested to send the **No Objection Certificate** duly signed by any of the parent on all days of examination

For the smooth conduct of these exams, we highly appreciate your cooperation.

PRE - BOARD EXAMINATION : 2021-22
DATE SHEET : CLASS – X

DAY & DATE	SUBJECT(S)
FRIDAY 22-10-2021	SCIENCE
MONDAY 25-10-2021	MATHEMATICS
WEDNESDAY 27-10-2021	SOCIAL SCIENCE
FRIDAY 29-10-2021	ENGLISH
SATURDAY 30-10-2021	INFORMATION TECHNOLOGY
MONDAY 01-11-2021	HINDI

Time schedule during Pre-Board Examination will be as follows:

8:30 am	Reporting Time
8:40 am – 9:00 am	Filling up the OMR Sheet and Reading of the Question Paper
9:00 am – 10:30 am	Examination Timing

NOTES: (i) Students will come to School only on days they are to appear at EXAMINATION.

(ii) Students will bring their own water bottle, sanitizers, masks and stationary as No Sharing is permissible.

No Objection Certificate

I _____ parent/guardian of _____Class _____ Section ___ permit my ward to visit the school for taking his/her Pre-Board Examination at my own risk, the school authorities shall not be held responsible in any manner. I assure you that my ward was not in contact with a covid positive patient in the last 15 days and our residence is not in containment zone. My ward will carry a hand sanitizer, wear a mask, a face-shield and maintain social distancing. He / She will strictly follow the SOP guidelines.

Name of the Parent : _____

Signature of the Parent : _____

Date : _____