

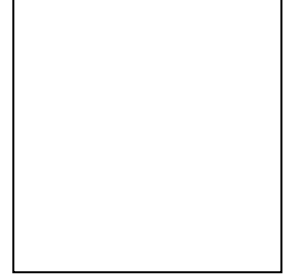


**LILAWATI VIDYA MANDIR SR. SEC. SCHOOL  
SHAKTI NAGAR, DELHI-110 007**



**Date : 10/05/2024**

**JIGYAASA - THE SUMMER CAMP 2024  
PARTICIPATION FORM**



Name of the Child \_\_\_\_\_

Name of the School \_\_\_\_\_

Age \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

Parent / Guardian Contact Number (i) \_\_\_\_\_

(ii) \_\_\_\_\_

Group \_\_\_\_\_

Camp Chosen \_\_\_\_\_

Mode of Payment Cash / Online / Cheque \_\_\_\_\_

Office Note : \_\_\_\_\_

**DECLARATION OF PARENT/ GUARDIAN**

I hereby give permission/consent for my son/daughter \_\_\_\_\_ to take part in the Jigyasa. The Summer Camp from \_\_\_\_\_ to \_\_\_\_\_. I will make necessary arrangements to drop and pick my child from the school gate . Please find attached the self-attested photocopy of my child's school I-Card **(for non- LVM students only)**

Parent's Signature