



VISIT TO AMBEDKAR NATIONAL MEMORIAL

Dear Parents,

In an endeavour to commemorate the 75 years of adoption of the Indian constitution, the School proposes a visit the Ambedkar National Memorial in Delhi, where Dr BR Ambedkar breathed his last. The memorial has been designed in the form of a book to look like the constitution and is spread in nearly 2 acres. This building is an amalgamation of modern and Buddhist architecture. Musical fountains, a replica of the Ashoka pillar at Sarnath and a 12 foot high bronze statue are some of the highlights of this complex. The first floor houses high quality displays related to Babasaheb's life.

The lower level of the two-storied building has an exhibition gallery, where days spent by Ambedkar on the premises have been illustrated. His last days and journey have also been captured vividly. The Memorial also has a meditation hall with a Marble statue of Mahatma Buddha. The stone used in the area has been imported from Vietnam.

Student will get a unique opportunity to gain insight into and the life of Dr Ambedkar, drafting of the constitution explore its integration into the school curriculum.

Students of class XII D and XII C will be visiting the memorial on 17th Aug 2024 and will be accompanied by Mr Nilesh Roy, PGT (Political Science) and Ms Sabari Maitra, PGT (Economics).

All students will report to school at 07.50 a.m. and will be dispersed from the school at 02.20 pm.

Following are the details:

EVENT DETAILS

Date	:	17th AUG, 2024
Venue	:	Dr. Ambedkar National Memorial Metro Station, 26, Alipur Road Civil Lines Near Vidhan Sabha, New Delhi, Delhi 110054
Class	:	XII D and XII C Only
Departure	:	9:00 a.m.
School Return	:	1:15 p.m. (approx.)

Asha Prabhakar
(Principal)

Kindness, Resilience, Respect



CONSENT FORM

I, the undersigned, parent/guardian of _____ (Name of Student), studying in Class _____, hereby give my consent for my ward to visit the Ambedkar National Memorial on 17th August, 2024.

I understand that my child will be transported to and from the venue by the school under the supervision of teachers. I also understand that all necessary precautions will be taken to ensure the safety and well-being of my child during the event.

Parent/Guardian Name : _____

Signature : _____

Date : _____

Emergency Contact Number : _____