



VISIT TO SHRI RAM COLLEGE OF COMMERCE (SRCC)

Dear Parents,

Shri Ram College of Commerce (SRCC) is a premier institution of the country affiliated to Delhi University. The college is globally famous for its courses in the streams of commerce, management and economics.

Topper's Edge in association with SRCC have extended an invitation to Class XII students of Bal Bharati Public School, Noida to attend complimentary Economics masterclass. The invitation letter goes on to state that they will provide students with comprehensive insights into the Economics syllabus, which will be invaluable in their upcoming examinations. The masterclass will be conducted from 01:00 PM to 06:00 PM.

In addition to the masterclass, students will have the opportunity to tour the SRCC campus, gaining first hand exposure to the prestigious institution. It is believed that this experience will be both academically enriching and motivational for our students.


Interested Economics students of Class XII B, C and D can participate the Economics masterclass on 19th Oct, 2024 and will be accompanied by Ms. Neha Gupta TGT (H. Sc.) and Ms Sabari Maitra, PGT (Economics).

All students will report to school at 11.00 AM and will be dispersed from the school at 8.00 PM.

Following are the details:

EVENT DETAILS

Date : 19th Oct., 2024
Venue : Shri Ram College of Commerce (SRCC), University of Delhi North Campus, Maurice Nagar, Delhi 110007
Class : XII B, C and D (Economics students Only)
Departure : 11.00 AM
School Return : 8.00PM (approx.)


Asha Prabhakar
(Principal)

CONSENT FORM

I, the undersigned, parent/guardian of _____ (Name of Student), studying in Class _____, hereby give my consent for my ward to attend the complimentary Economics Masterclass at Shri Ram College of Commerce, Delhi on 19th October, 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 : _____

