

Date: 03.05.2025

VISIT TO THE NATIONAL STOCK EXCHANGE (NSE) ON 24-5-2025

Dear Parents

We are pleased to inform you that our school has organized an educational visit for students of Class IX - XII to the National Stock Exchange (NSE) on **24th May 2025**. This visit aims to provide students with an insightful understanding of the financial market and its functioning.

Details of the Visit:

- Session Duration : 10:00 a.m. to 12:00 p.m.
 Venue : NSE, 4th Floor, Jeevan Vihar Building, Parliament Street, New Delhi - 110 001
 Departure from school : 8:30 a.m.
 Return to School : 1:00 p.m. Approx.
 Topics Covered: : 1:00 p.m. Approx.
 - a. Overview of NSE
 - b. NSE Products
 - c. Different Aspects of Finance (customizable content available with prior notice)
 - d. Interactive session with an empanelled trainer.
- 6. Participation Certificate : Every participant will receive a Certificate of Participation.
- 7. **Refreshments** : Refreshments will be provided to all participants.
- 8. Time to Reach : 10:00 a.m.

Fee Details:

An amount of Rs. 500/- is to be paid in cash to the concerned Class Teacher

Important Instructions:

- 1. Students are required to wear their school uniform and carry their ID cards.
- 2. Please ensure timely payment of the fee by **10-5-2025** to confirm participation.
- 3. Consent forms must be signed and submitted by **10-05-2025**.

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We encourage parents to support this enriching experience for their children. For any queries or additional information, please feel free to contact the undersigned. **Ankit Shandilya**, PGT Commerce

PLEASE NOTE- STUDENTS MUST MANDATORILY SUBMIT THE CONSENT FORM DULY SIGNED BY PARENTS FOR NSE WORKSHOP.

Distribution

VPL, HM (Pr.) & HM (Sr) Class Broadcast Groups Staff, Website I/C



CONSENT FORM

I, the undersigned, parent/guardian of ______ (Name of Student), studying in Class ______, hereby give my consent for my ward to visit the National Stock Exchange

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
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- Signature
- Date

Emergency Contact Number