

المدرسية الهنديسة - دارسيت INDIAN SCHOOL DARSAIT

A NABET Accredited School Affiliated to CBSE vide Affiliation No. 6130012





ISD/ACAD/CIR/001/2024

02/04/2024

CIRCULAR (KG to XII)

Dear Parent

Greetings of the day!

As we approach the new academic year, the School Management and Staff are grateful to your whole-hearted support extended to our School Monitored Safe Transport System. We request you to avail / renew this facility for your ward for the new academic year too.

Under the School Monitored Safe Transport System buses are being operated from various locations in the capital area and will be extending services to the other routes apart from introducing more buses to the existing routes, based on the number of students opting for the new routes. Please see the details in the annexure attached with this circular.

Kindly enroll your ward in the School Monitored Safe Transport System for the safety of your children.

Amar Srivastava Principal

Regards











Annexure - 1

School Monitored Safe Transport System

Routes, Stops, Monthly fare & operators for the routes are given below.

SI No	Location	Amount	Transporter	
1	Azaiba	30	Tilal Al Khaboora Mr.Praveen 96415851 97829500	
	Ghala	30		
	.Al Ghubra	30		
	Bowsher	30		
2	Al Khuwair	25	Said Saud Saif Trading	
	Madinat Sultan Qaboos	25	Mr.Rajeev 94066827 99361209	
	Wattayah	20		
	Khoula Hospital	20		
	Quram	25		
	Wadiadi	20		
	Hatat House	20		
3	Hamriya	17		
	Al Nahda	17	Mohsin Al Zadjali Mr.Kabeer 95140481 99320042	
	Waljah ,	17		
	Muscat	20		
	Wadi Kabir up to Shell Petrol Pump	18		
	Wadi Kabir after Shell Petrol Pump	20		
	CBD/MBD/Sheraton	17		
	Oman House	17		
	Ruwi	17		
	Mumtaz	17		
	Darsait	17		
	Al Falaj	17		
	Amerat	35		



INDIAN SCHOOL DARSAIT



SCHOOL MONITORED SAFE TRANSPORT SYSTEM

ENROLMENT FORM

PH: 24786693, 99365269

	Form No
Name of Student	<u>}</u>
Class & Section	<u></u>
GR No	·
Gender	<u> </u>
Parent Name	<u></u>
Mobile No 1	
Mobile No 2	
WhatsApp No	
Location & Way No	
Building NO	:
Landmark	;
	Signature
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	FOR OFFICE USE
Transporter Name :	
Transporter Name :- Route No :-	FOR OFFICE USE
-	FOR OFFICE USE
Route No :	FOR OFFICE USE
Route No : Contact No :	FOR OFFICE USE
Route No : Contact No : Monthly Fees : Approved / Rejected	FOR OFFICE USE