



Medi-Caps International School, Indore

CIR/2025-26/15

July 17, 2025

Dear Parents

Greetings!

Subject: Tour Announcement (Pune - Lonavala - Imagicaa).

Dear Parents/Guardians,

We at MIS firmly believe that education extends beyond the confines of classrooms hence we are excited to unveil a fantastic opportunity for our students.

We are delighted to announce a 7 days 6 nights educational tour to the breathtaking locales of:

Pune : Katraj Snake Park, Joshi Museum , National Defence Academy.

Imagicaa : Imagica Water Park & Theme Park.

Lonavala : Tiger Point, Burshi Dham, Bhaja caves, Karla caves & View Point.

The tour is scheduled from Friday , September 26 , 2025 to Thursday, October 02, 2025.

Key Details

Destination : Pune - Lonavala - Imagicaa

Seat Available : Limited (We will be allocating reservations on a first-come, first-served basis).

Tour Cost : Rs. 25000/-

The last date for depositing payment: 26/07/2025

Payment Modes : Cash / Online (Payment link provided below)

<http://mis.rayninfo.com/otherrecpt>

Travel Arrangements:

Indore to Pune - Via 3AC Train

Lonavala to Indore - Via 3AC Train

Local Transport - Via A/c Buses / Coaches

For any queries or further information, please do not hesitate to get in touch with Mr. Bhavesh Bundela, Contact No. : 9340384115. Your engagement and support are important in making this trip a memorable and enriching experience for our students.

Kindly Note: In case of cash payment, kindly deposit it in the accounts department in person (by the parent only).


Principal



Medi-Caps International School, Indore
Consent Form

To,

The Principal

Medicaps International School

Indore (M.P.)

Ref: Tour to Pune - Lonavala - Imagicaa.

Sir/ Madam,

I have received the particulars of the above mentioned tour and give the consent for my ward to join the same. I hereby agree to abide by the rules and regulations of the tour. I am sending a non-refundable amount Rs. 25000/- through Cash / Online to register his / her name.

While appreciating your assurance for the precaution of his/ her safety and welfare. I undertake not to hold you, your staff or the travel agent responsible for any accident, unfortunate incident or otherwise, any loss or injury caused to the student.

Student's Name _____ Gender (M/F) _____

Class _____ Section _____ Age _____ Date of Birth _____

Address _____

Phone No. (Off.) _____ Resi. _____ Mob. _____

Student's Signature

Parent's / Guardian's Signature

Receipt – Confirmation

Name of the Student _____ DOB _____

Class & Section _____ Parent's Name _____

Amount (in figure) Rs. _____ Amount (in words) _____

Accountant's Signature

Medi-Caps International School