Ref: SXCJ/ACAD/MHCC/VISIT/2026-27/**0763** Date:12.09.2026

NOTICE

Field Visit

The **Department of Psychology**, in collaboration with the **Mental Health & Counselling Cell (MHCC)**, is organising a field visit to **Disha Foundation – A Resource Centre for Multiple Disabilities** on **18 September 2026**.

As part of the visit, students of the Department of Psychology will conduct an **Art Therapy Workshop** for the students of Disha Foundation. The participating Psychology students will contribute to the workshop in the following capacities:

- **III Year Students:** Trainers
- **II Year Students:** Volunteers
- **I Year Students:** Observers

The activity will provide students with an opportunity to gain practical exposure while contributing to the therapeutic, developmental, and creative engagement of the students at Disha Foundation.

Details of the Field Visit

Date: 18 September 2026

Time: 8:30 AM onwards

Venue: Disha Foundation – A Resource Centre for Multiple Disabilities

All participating students are required to fill out the **consent form** and submit a hard copy to their respective **Class Mentors by 17 September 2026**.

For more information, please contact:

Ms. Vatsala Sharma - vatsalasharma@sxcjpr.edu.in

Dr. Arpit Sharma - arpitsharma@sxcjpr.edu.in

Principal
St. Xavier's College, Jaipur
Nevta-Mahapura Road, Jaipur

Ref: SXCJ/ACAD/MHCC/VISIT/2026-27/**0764-0768**

Copy forwarded to the following for information and necessary action:

1. Vice Principals, St. Xavier's College Jaipur
2. Coordinator, MHCC, St. Xavier's College Jaipur
3. Heads of all the Departments, St. Xavier's College Jaipur
4. Coordinator, Website Committee, St. Xavier's College Jaipur
5. Principal Office, St. Xavier's College Jaipur

CONSENT FORM

Student's Name …… Class ……..

Visit date: 18 September 2026

Destination: Disha Foundation - A Resource Centre For Multiple Disabilities, C-Nirman Nagar, Pandit TN Mishra Marg, Nirman Nagar, Brijlalpura, Jaipur, Rajasthan 302019

Departure Time: 8:30 AM **Return Time:** 1:30 PM

Departure/Return Site: St. Xavier's College Jaipur (Nevta Campus)

I_____, the parent/guardian of the student named above, hereby give my permission for my ward to participate in St. Xavier's College field visit organised by the Department of Psychology.

I understand that the following conditions apply:

- I understand that I am responsible for getting my ward to and from the departure and return sites described above.
- I understand that my ward will be accompanied by staff member(s) during the trip, including travelling from the departure site to the destination site and from the destination site to the return site.
- I understand that my ward is expected to behave responsibly and to follow the college discipline code and policies.
- I agree and understand that I am responsible for the actions of my ward, and I release the college from all claims and liabilities that arise in connection with the visit, except if due to the negligence of college officials.
- I confirm that the ward is medically fit and able to participate in all the activities.
- I have indicated any permanent or temporary medical or other condition, including special dietary and medication needs or the need for visual or auditory aids, which should be known about my ward.
- I understand that as a parent, if I believe it is necessary to limit my ward's activity to a great extent, then the college may not be able to accommodate my ward on a trip and that I and my ward will be informed of this decision as soon as possible upon the receipt by the school of this complete consent form.
- I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may take action on my behalf and at my expense in obtaining medical treatment for my ward.
- I understand that tobacco, alcoholic beverages and/or illegal drugs are prohibited and I have discussed this prohibition with my ward. I understand that if my ward is found in possession/consumed of these substances, he/she will be subject to college disciplinary procedures and possible criminal prosecution.
- I understand that the college may exclude students who violate the college discipline code from participating in a visit in the future.

In an emergency, I can be reached at……

I give permission for my ward to participate in this college visit. I understand that my ward cannot participate in this trip without my written permission, which I give by signing this consent form.

Signature of Parent/Guardian with Date……
Contact No……..

STUDENT DECLARATION

I understand that I am to act on this visit in the same responsible manner in which I am expected to conduct myself in college.

Signature of Student with Date…….
Contact No……