

Audyogik Tantra Shikshan Sanstha's (A.T.S.S.)

City Pride School - Ravet

Sr. No. 77/7, 77/8, Santosh Bhondave Nagar, Near Chandrabhaga Corner, Behind Celestial City, Ravet, Pune - 412 101.

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Indian Societie's Act 1860 Regn. No. MAH/469/P of 6-07-65 Bombay Public Trust Regn. No. F-324 of 16-07-66

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Ref.: 31

Date: 19 06 2021

City Pride School, Ravet Formation of General Body of Parent- Teacher Association 2021-22

Greetings from City Pride School - Management and Staff for new academic year 2021-22.

We are pleased to inform you that the of General Body of the Parent- Teacher Association of City Pride School, Ravet has been formed for the academic year 2021-22. All the parents of Std 1st to 3rd are the members of Parent- Teacher Association.

As you all are aware that we have to form the Executive Body of Parent – Teacher Association for the academic year 2021-22, we expect the interested parents to self-nominate by filling in the written format which is attached herewith. This willingness format should be submitted through school mail -(info@cityprideschoolravet.org) on or before 24th June 2021 by 3:00pm.

As per Government norms dated 26th August 2019, a lucky draw will be conducted for selecting member of every standard to form the Executive Body of PTA 2021-22.

Draw will be conducted in school office for which details will be shared with you.

Mrs. Sumedha Phadke (Principal) Chairman- Parent Teacher Association City Pride School, Ravet



Simedha

CITY PRIDE SCHOOL, RAVET EXECUTIVE - PARENT TEACHER ASSOCIATION SELF NOMINATION MEMBERSHIP FORM

Year- 2021-22

I, Mr./ Mrs	am parent of City Pride School, Ravet
branch. My ward is studying in Std Div	v I would voluntarily like to fill in the
SELF NOMINATION MEMBERSHIP FORM to b	become a member of Executive Committee of
Parent- Teacher Association of City Pride School, Ravet, for the academic year 2021-22.	
The school needs member from every standard, if there are more members nominating themselves for the same then the school will conduct a lucky draw.	
Incase I become the EPTA member, I assure that I will be present for the meetings conducted by the school.	
Date:	Signature:
Mobile No -	Mail ID:-