



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

City Pride School - Chikhali - Moshi

Gat No 112 & 113, Dehu - Alandi Road, Chikhali - Moshi, Pune 411 062

CBSE Affiliation No.: 1131189

Phone : 91 8484946552

Indian Societies Act 1860 Regn. No. MAH/469/P of 6-07-65

Bombay Public Trust Regn. No. F-324 of 16-07-66

E-mail : info.moshi@cityprideschool.com

Website : www.cityprideschool.com

Ref.: CP5M/884/2024-25

Date : 08.04.2024

CITY PRIDE SCHOOL – CHIKHALI MOSHI BRANCH

FORMATION OF PARENT – TEACHER ASSOCIATION [2024-25]

Greetings from the Management and Staff of City Pride School!!!!

Dear Parents – Std.1st to Std.9th

City Pride School–Chikhali-Moshi Branch welcomes you all to the new academic year 2024-25. In accordance to the process and procedures laid down in the Maharashtra Educational Institutions (Regulation of Fee) Act, 2011 and Maharashtra Educational Institutions (Regulation of Fee) Rules, 2016 we hereby announce that the PTA for the academic year 2024-25 is formed.

The parent of every student in the school is a member of the Parent- Teacher Association who pay annual membership fees of rupees fifty.

As you all are aware that we have to form the Executive Body of Parent – Teacher Association for the academic year 2024-25, we here by request the interested parents to self-nominate, by **filling in the Willingness Form** that we are sending along with this. The duly filled willingness form can be mailed to info.moshi@cityprideschool.com on or before **Monday, 15th April 2024 before 2.00 pm.**

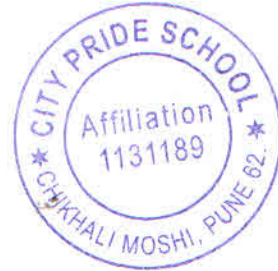
Please note that the school needs one member from every standard. If there are more nominations from the same standard, then the school will conduct a Lucky Draw as per the Govt. norms dated 26th August 2019.

Draw will be conducted in the school office at 11:00 am on Tuesday, 16th April 2024.

Looking forward to a progressive year ahead.

Suजा राजेश
08/04/2024

Mrs.Suja Rajesh (Principal)
Chairman-Parent- Teacher Association
City Pride School – Chikhali-Moshi.





CITY PRIDE SCHOOL – CHIKHALI-MOSHI

EXECUTIVE – PARENT TEACHER ASSOCIATION SELF NOMINATION MEMBERSHIP FORM YEAR 2024-25

I, Mr. / Mrs. _____ am
parent of City Pride School – Chikhali - Moshi Branch.

My ward Mast/Miss. _____ is studying in Std. _____ Div. _____.

I would voluntarily like to fill in the SELF NOMINATION MEMBERSHIP FORM myself to become a member of Executive Committee of Parent – Teacher Association [E-PTA] of City Pride School, Chikhali– Moshi for the academic year 2024-2025. I am aware that the school needs one member from every standard and if there are more parents nominating themselves for the same from class [std], then the school will conduct a Lucky Draw.

In case I am nominated as the E-PTA member for 2024-2025, I assure that I will be present for the meetings conducted by the school.

Date :

Signature :

Mobile No.

Mail Id:

