Bal Bharati Public School, Manesar

Ref No. BBPSMN/19-20/15

Dt. 01.10.19

PTA (Parent Teacher Association)

Dear Parent,

Greetings from Bal Bharati Public School, Manesar!

The PTA is an important organisation within the school community, and works hard to support the school. It is a matter of great pride for us that our children are nurtured within the folds of the 'parent-school partnership', thereby raising their personal development and learning quotients, many more notches. We invite nominations for the PTA for the year 2019-20 for the positions of CRs (Class Representative) for all the classes leaving aside Pre-School and class XII. To nominate yourself or someone else, it is imperative that you have been a parent of the Bal Bharati Public School Manesar for a minimum of one year. Each nomination needs to be seconded by two other parents of the same class.

The school proposes to elect parents to the Executive Committee of PTA once the Class Representatives are finalized. Parents of students of all classes who are willing to invest their time and efforts are requested to fill the form as available on the school's reception latest by 5th October ,19'. All the selected CR's will be informed telephonically.

The Annual General Meeting will be planned and intimated soon after for the selection of the members of the Executive Committee. All the Class representatives are requested to be present for the same.

Rules & Regulations of elections are displayed at the school reception.

Regards,

Mr. Harsh Kumar

(Principal)

BAL BHA TI PUBLIC SCHOOL, MANESAR JOMINATION FORM For Class Representative/PTA Executive Member

ITEM		CONTENTS
NAME OF THE CANDIDATE		
WARD'S NAME/CLASS & SECTION		
ADDRESS		
EDUCATIONAL QUALIFICATION		
PROFESSION AND DESIGNATION		
EMAIL ID		
CONTACT NO.	(R)	(M)
YEAR IN WHICH WARD WAS ADMITTED IN THE SCHOOL		
FIRST PROPOSER (should be parent of a student in the same class as the candidate's ward) NAME		
WARD'S NAME/CLASS & SEC		
Contact No.	(R)	(M)
SIGNATURE		
SECOND PROPOSER (should be parent of a student in the same class as the candidate's ward) NAME		
WARD'S NAME/CLASS & SEC		
Contact No.	(R)	(M)
SIGNATURE		
HOW MUCH TIME WILL YOU BE ABLE TO DEVOTE FOR SCHOOL PROGRAMS AND ACTIVITIES?		
THREE STRENGTHS OF THE SCHOOL	1.	
THREE AREAS WHERE YOU FEEL THE SCHOOL NEEDS TO FOCUS ON	 1. 2. 	
	3.	
SIGNATURE OF THE CANDIDATE IN FULL		