

**Circular No. RIAH/025/AY 2024-25** 

Date: 18 JUNE 2024

Dear Parents,

Greetings from Ryan International Academy, Hinjawadi!

Kindly note that 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 here by announce that the PTA for the academic year **2024-2025** has been formed. Every Parent (Grades I to VIII) and all the teachers of the school are members of the Parent Teachers Association (PTA). An annual amount of rupees fifty shall be paid by each member pf the PTA. Ryan International Academy Hijawadi's Administration welcomes you all to partake in the formation of the Executive Committee of the Parent Teachers Association (EPTA) for the Academic Session **2024-2025**.

Any parent desirous of being a member of the Executive Committee of the Parent Teachers Association (EPTA) for the academic year **2024-2025** is requested to fill up the **Willingness Form** appended below which will be available at the school reception. The School Management has arranged this offline facility for submitting the Willingness form as per provision laid down under Clause 6 (2) of Maharashtra Educational Institutions (Regulation of Fee) Rules 2016.

The willingness forms received will be scrutinized in accordance with the prescribed eligibility criteria. Only eligible willingness forms will be considered for the draw. The filled Willingness Form should be submitted at the school reception by Friday, 29th June 2024.

The election of the EPTA is scheduled to be held on **Saturday**, **06**<sup>th</sup> **July**, **2024 at 10:30 am at RIAH**. One parent from each grade will be elected through a draw. We request all the members of the PTA to be present for the draw for the selection of members of the executive committee.

Looking forward to an active participation towards serving the Parent and Student community at large.

Best Regards,

Sonika Kochhar Girotra

Principal

## Willingness Form

Name of the Student	Grade/Section:
Name of the Parent:	
Address:	
Mobile No.:	Email Id:
Post Applied for:	(Member or Office Bearer)
/*Office Bearers: Vice Chairnerson Joint Secretary Member)	