MOUNT LITERA ZEE SCHOOL, GHOGALI NAGPUR
(CBSE Affiliation Number 1131444)
ACADEMIC YEAR 2026-2027

MLZSB/2026-27/EPTA/Pre-primary -X /14 Date:01/07/2026

Subject: Formation of Executive Parent Teacher Association in school.

Dear Parents,

Greetings!!

We are pleased to inform you that the school will constitute the **Fifth Executive Parent-Teacher Association (EPTA)** for the Academic Session **2026–2027**. The committee will be formed in accordance with the norms prescribed by the **Maharashtra Education Department**. All the parents who are willing to become members of the **Executive Parent-Teacher Association (EPTA)** for the Academic Session **2026–2027** may kindly fill the consent form sent with this circular and should hand over to the class teacher.

Pre-Primary Parents: Kindly submit the completed Consent/Nomination Form to the Class Teacher on or before **11th July 2026.**

Grade I to X Parents: Kindly submit the completed Consent/Nomination Form to the Class Teacher during the **Parent-Teacher Meeting (PTM)** on **Saturday, 11th July 2026.**

In case the number of nominations received exceeds the required number of representatives, the selection of EPTA members will be carried out **as per the EPTA guidelines through the prescribed selection procedure on 18th July 2026 at 9:00 a.m.in the conference room.**

Please note that the term of Executive Committee will be for one year. Your cooperation is highly solicited and we request you to kindly adhere to the above-mentioned schedule to avoid any inconvenience.

Mount Litera Zee School CBSE Affiliation No. 1131444 Ghogali

Secretary
Ms. Ruchi Shrivastava

Principal
Dr Vandana Paul

Encl: Consent Letter for becoming an EPTA Member

Mount Litera Zee School, Ghogali, Besa , Nagpur
Academic year 2026-27
Consent Letter to become EPTA Member

I _____ (Father / Mother) of _____

a student of Std. _____ Sec._____ hereby give my consent to become an EPTA member.

Educational Qualification: _____ Profession: _____

Caste_____ Category (SC/ST/OBC/NT/Open) _____

Complete Address: _____

Phone Number:_____

Sign of parent willing to become an EPTA Member _____ Date: _____

- Parents, kindly mention your official name.