**C-86/RIS/19-20 DATE: 25.09.19**

**Dear Parents**

This is to apprise you that your ward is selected to participate in “Health Awareness Event” scheduled on 4th October, 2019, Friday. Venue- Bal Bhawan, Timings: during school hours

 If you are interested, Kindly send the below mentioned consent.

…………………………………………………………………………………………………………………………

I …………………………………………….. (f/o) …………………………………… (Student’s name) …………………………………... (Class/sec) is interested for my ward to participate in “Health Awareness Event” and ready to bear charges as well. (Note: It is not mandatory)

Parent’s mobile no……………………………………… Parent’s sign…………………………………

…………………………………………………………………………………………………………………………

**With warm regards**

**Preeti Lamba**

**C-86/RIS/19-20 DATE: 25.09.19**

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Parent’s mobile no………………………………… Parent’s sign…………………………………

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**With warm regards**

**Preeti Lamba**

**C-86/RIS/19-20 DATE: 24.09.19**

**Dear Parents**

This is to apprise you that your ward is selected to participate in “Health Awareness Event” scheduled on 4th October, 2019, Friday. Venue- Bal Bhawan, Timings: during school hours

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**With warm regards**

**Preeti Lamba**