Uttam
SCHOOL FOR GIRLS

**Date: 26-09-2026**
**Circular No. USG/26-27/070**

Dear Parent,

We are pleased to inform you that your ward has been **selected as a Nutrition Ambassador** under the **School Nutrition Ambassador Programme** organised by the **National progressive School Conference (NPSC) in partnership with UNICEF as knowledge partner.**

As part of this initiative, Student Ambassadors will participate in an interactive workshop focusing on nutrition, healthy food choices and the promotion of a healthy food environment and undertake nutrition and student well- being activities within the school.

**Details of the Programme:**

**Day & Date:** Wednesday, 30 September 2026
**Reporting Time at School:** 7:40 AM
**Venue:** Stein Auditorium, India Habitat Centre (IHC)
**Workshop Time:** 10:00 AM to 4:00 PM
**Travel:** Students will travel to the venue from school under the supervision of the teacher coordinator.
**Pick-up:** Parents are requested to pick up their ward from the school. Parents will be kept informed regarding the return schedule.
**Teacher Coordinator:** Ms. Deepika Khatri
**Contact No.:** 9810958869

Students are required to report to school in **proper school uniform** and carry their **school ID card**. The school will take utmost care for the safety and security of the students throughout the programme.

We look forward to the enthusiastic participation of our students in this meaningful initiative.

Regards,

Raheja

**Ms. Sharmila Raheja**
**Principal**

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**Parent Undertaking & Acknowledgement**

I, _____, father/mother of _____, Grade _____ Section _____, have read and understood all the details regarding my ward's participation in the **School Nutrition Ambassador Programme workshop** to be held at **India Habitat Centre on 30 September 2026**.

I understand that my ward will report to school at **7:40 AM** and will travel to the venue from school under the supervision of the teacher coordinator. I will pick up my ward from the school.

I understand that the school will take utmost care for the safety and security of my ward. However, in case of any unforeseen incident beyond the reasonable control of the school, I will not hold the school responsible for the same.

I hereby give my consent for my ward to participate in the programme.

**Student's Name:** _____
**Class & Section:** _____
**Parent/Guardian's Name:** _____
**Signature & Date:** _____