

VIDYA PRATISHTHAN'S  
DR. CYRUS POONAWALLA SCHOOL (CBSE), RUI, VIDYANAGARI, BARAMATI.

Circular No.03

Date: 28-04-2025

Dear Parents,

With reference letter received from Health Department Sub-District Hospital, Baramati. We are planning to arrange **Japanese Encephalitis (JE) Vaccination Campaign 2025** in the school for the students of (Age 1 to 15 years) on **Wednesday, 30.04.2025** in school hours.

- Note:** i) If any past medical history please inform to the respective class teacher.  
ii) If a student is taking medicine, ill or operated. He/She can't get vaccinated.  
iii) Before vaccination proper food or breakfast should be taken.  
iv) If vaccination is already taken please inform to the respective class teacher.  
v) Parents are requested to be present at the **time mentioned behind.**

**Please give your consent form to the respective class teacher by tomorrow Tuesday, 29.04.2025 before 01:00 p.m.**



Yours sincerely,

*Ms. Y.T. Nigade*  
Ms. Y.T. Nigade  
(Principal)

**Consent Form**  
(To be filled by the parent)

Respected Madam,

My Son/Daughter ..... from Class.: ..... Div. .... is willing to get **JE Vaccine** in the school. I will not hold the school authorities responsible for any illness that may befall on my child.

Thanking you,

Yours sincerely,

Signature of Parent .....  
Mobile Number: .....

(P.T.O)

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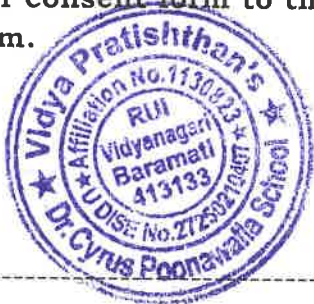
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The **Japanese Encephalitis (JE)** vaccination timing is as follows:

Class	Time	Class	Time
Nursery	10:00am to 10:30am	Class V	11:30am to 12:00noon
LKG		Class VI	
HKG		Class VII	12:00noon to 12:30pm
Class I	Class VIII		
Class II	10:30am to 11:00 am	Class IX	
Class III	11:00pm to 11:30am		
Class IV			

You are requested to be present at the time of the vaccination.

*Handwritten signature and date: 28/04/2025*



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*Handwritten signature and date: 28/4/2025*