PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

	No.	659 (D)	(1)			Dated: ン	5.06.2	4
		y y y Y				, 2		-
*			spection team hea					
	(Name o	of Officers with	designation) from	CIVILS	URGEON	OFFICE	RANCA	11
	(Name o	f Department/	Office) inspected	theSURE	VDER IVAT	THE CENTE	NARY	SCHOOL
SURE	(Name &	Address of the ATH CENT	he school) on 2. LIMARY SC	7:06.24 1000 (Name	date of inspector of school) h	ction) and found	d that the	
	lacimes	n condition in t	ts and members the school building	of staff of the in	estitution and is	maintaining the	hygienic	
	The abov	ve is valid for a	period of(). (/E TEA	with Seal:/.	J. 5.1		
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a a				Designatio	on :	CS CUM DHS Re ice / Departmen		
	To fo	ompoly	a ()				. **:	
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^{*} The filled up certificate should be either in Hindi or English. If it is issued in vernacular language, translated notarized version in English be uploaded along with the original vernacular certificate as a single pdf.