

Annexure C

Appendix-XIII

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

| No | 15-05-20 |
|---|--|
| No. | Dated: |
| It is certified that an inspection team headed by $\dots \underbrace{\mathcal{D}}_{\mathbf{z}}$ | . Rathod Anuma R. |
| (Name of Officers with designation) from Medica | al office PHC wazud/221 |
| (Name of Department/Office) inspected the Fre | e , 0181. Autongasod |
| (Name & Address of the school) on 1.5-5-2-02 (dat | e of inspection), checked the water test report |
| No. Dated: It is certified that an inspection team headed by DE. Rathod Amand R. (Name of Officers with designation) from Medical offices PHC wazud/Lazi (Name of Department/Office) inspected the FreneSt Recondary School (Name & Address of the school) on 15-5-202 (date of inspection), checked the water test report submitted by the school and found that the school has potable drinking water for students and staff of the | |
| institution and is having provision for running water in the toilets and maintaining hygienic sanitation | |
| condition in the school building & the campus as per norms prescribed by the Central/State/ U.T. Govt. | |
| The above is valid for a period of one year of 15-5-2024 | |
| | Signature with Seal: |
| | Name : वैद्यकीय अधिकारी पाथमिक आरोग्य केंद्र वरुडकारी |
| | Designation :ना कि औरत्रमदाष्ट |
| | Assistant Engineer of |
| | the Govt. Public Health Department (PHED)/ |
| | Authorised officer of the Local Body |
| | Name & Address of the Office / Department : |
| Evened - Seconday School Cycl-N. 189 Oha, Angl. (Name & Address of the Institution) | |
| | |
| Gel-N. 189 Oha, Hung | |
| (Name & Address of the Institution) | |
| * The filled up certificate should be either in Hindi or English. If it is issued in vernacular language, | |

* 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.

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