PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 285/2024	Dated: 14-6-2044
It is certified that an inspection team headed I	oy SOLTMONS
(Name of Officers with designation) from	Health Inspector
(Name of Department/ Office) inspected the	Family Health Contre 12001
(Name & Address of the school) on	(date of inspection) and found that the(Name of school) has safe drinking water
facilities for the students and members of st	raff of the institution and is maintaining the hygienic the campus as per norms prescribed by the Central/
State/ U.T. Govt.	
The above is valid for a period of	dols
100 of 1000 0	Signature with Seal:
191 L. 60 M	Name : SOLYMON-S
	Designation : MealthInspeakel.
\$ 000 000 00 00 00 00 00 00 00 00 00 00	Name & Address of the Office / Department : HEALTH INSPECTOR
То	FAMILY HEALTH CENTRE AROOR
Principal	
Chondivoor Public School (Name & Address of the Institution)	

^{*} 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.