PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No.	Dated:
It is certified that an inspection team headed by	Swahn M. S. Supall
this certified that air mopositor toair modes 2 y	0 - 12 11
(Name of Officers with designation) from	all shows
(Name of Department/ Office) inspected the	Central school
(Name & Address of the school) on(da	te of inspection) and found that the
Samps control School (Name of	f school) has safe drinking water
facilities for the students and members of staff of the institu	ution and is maintaining the hygienic
sanitation condition in the school building & the campus as	per norms prescribed by the Central/
State/ U.T. Govt.	No. of the second second
The above is valid for a period of everyear	
Signature with	
Name	Dr SurbyumA
Designation	Lyrall
Com	ess of the Office / Department:
	bylolwaniem
be all manham	SuperIntendent
	Community Health Centre
(Name & Address of the Institution)	Kuzhalmannam- 678 702

^{*} 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.