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APPENDIX - VIII

PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE. No. HI 8780 20 Date : It is certified that an inspection team headed by _ Health Inspector Grad (Name of Officers with designation) from ____ (Name of Department/Office) inspected the Pa Llotti (Name & Address of the School) on 11 9 2020 and found that the fall offil (Name of school) has safe drinking water facilities for the students and members of staff of the institution and is maintaining the hygienic sanitation condition in the school building & the campus as per the norms prescribed by the Central/State/U.T Govt. from The above valid for a period of One year Signature with Seal: Name : Designation To (Name & Address of the Institution)