PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 6/1/2024	Dated: 7-6-20-20
It is certified that an inspection team header	d by ABHILASH. P. K
(Name of Officers with designation) from	HC Kalady, Health Service.
(Name of Department/ Office) inspected the	HCKalady, Health Service. Breekanchi Sankara pablicocha
(Name & Address of the school) on A	-6-24 (date of inspection) and found that the
hee Kach Sagara & Chrischen	
	staff of the institution and is maintaining the hygienic
sanitation condition in the school building 8	k the campus as per norms prescribed by the Central/
State/ U.T. Govt.	$\wedge \nu$
The above is valid for a period of3	16,2025
	Signature with Seal:
MUNITY HEALTH	Name ASHLEASH. P. B Designation : Health Inspects
	Designation : Health Inspects
10Y - 683 57A	Name & Address of the Office / Department :
То	HEALTH INSPECTOR
Sheekanchi Sankara Phobleso	Community Health Centre, Kalady
Karady, D. 0 - 68 35 74	

⁽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.