PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITITON CERTIFICATE

No.		Date: 16/10/2024.
It is certified that an inspection	team headed by _	D.A.V PUBLIC SCHOOL.
(Name of the officer with design	ation) from	- Lolit Pranante
(Name of Department/Officer in	spected the UZ	PHIC CADAL POAD
(Name & Address of the Scho found that the DAV 2	ol on 16/10/2 Public Schu	date of Inspection) and (Name of
		tudents and members of staff of
		sanitation condition in the school
building & the campus as per	the norms prescr	ribed by the Central /State /U.T.
Govt.	torus 2	
The above is valid for a period o	1 14car.	-
	Signature with s	eal: Method
	Name	: De Rolint Pramauk .
	Designation	: Medical Offices.
	Name & Address	,,
	of the Officer/	Medical Officer
	Department	UPHC SADAK ROAD
The Head Malter.		
DAV PUBLIC SCHOOL		
DE. NITRS, IBRAHIM PAINE	M .	

(Name & Address of the Institution)

VIJAYAWADA.

* 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