## **Annexure C**

	PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE		
1	No.426 Dated: 06-11-2029		
	It is certified that an inspection team headed by RAJENISRA SWGH CHAHAIR		
	(Name of officers with designation) from ASSICTANTENGINEER PHED		
	Inspected the Lala Koulashput Singhania Public School		
	(Name & address of the school) on $05-11-2024$ (date of inspection) and on the basis of		
	Water test Report (Attached) bearing no		
	Of Musti paro with water quality Hold Test (pried tab) certified that		
1	The Lala Kailash pat Singhania Publi Name of the school) has safe drinking water		
	Facilities for the students and members of staff of the institution. School id also maintains the hygienic		
	Sanitation condition in the school building & the campus as per norms prescribed by the central/state/U.T.		
	Government.		
	This certificate is valid till 05-11-2025 सहायक अभियन्ता		
	जन स्वास्थ्य अभियान्त्रिकी विभाग Signature with seal:प्रायपद निम्बाहेज: जी:डी:ओ: कींड 16185		
	Name : Kog in Nig Size h chahal		
	Designation Assifant Register		
	Name & Address of the office/department PHCD, Sab-Divisio		
	Name & Address of the office/department PHGD, Sab-Division		
o			
~	ala Kailashpat Singhaws a Public School		
Lala Kailashpat Singhans a Public School Kailash Nagar-2, JKCW Nimbaherg-312617			

Note: The certificate is to be issued by authorized officer/PHED Lab/ local bodies

(Name & address of the institution)

## APPENDIX - VIII

## PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE.

No. 264 -		Date: 15-10-2024		
•				
It is certified that an inspection  CHAHAR ASSISTAN  with designation) from  Department/Office) inspected the  the School) on and  the School) on and  Chahar ASSISTAN  with designation in the school of the students and the hygienic sanitation condition in the sprescribed by the Central/State/U.T Govt.	Lala Korlashpar Nagar-2 JIC alo Found that the Leva (Name	(Name of Officers  (Name of Officers  (Name & Address of Officers  (Name & Address of Officers		
The above valid for a period of				
To		Jendara Sinah Chalipa, SISTANT ENGINNEDA		
	Public School	सहायक अभियन्ता जन स्वास्थ्य अभियान्त्रिकी विभाग उपखण्ड निम्बाहेड़ा, डी.डी.ओ. कोड 1618		
(Name & Address of the Institution)				