## PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No.	Dated: 31 / 05 / 2025
(Name of Officers with designation) from (Name of Department/ Office) inspected the	SPECIALIST MEDICAL OFFICER  THE MANGO VALLEY PUBLIC SCHOOL
facilities for the students and members of sanitation condition in the school building State/ U.T. Govt.	(date of inspection) and found that the old( Name of school) has safe drinking water f staff of the institution and is maintaining the hygienic & the campus as per norms prescribed by the Central/
The above is valid for a period of	Signature with Seal:
	Name : Dr. NIRANDAN KUMAR
	Designation SPECIALIST MEDICAL
	Name & Address of the Office / Department :
TO MANGO VALLEY PUBLIC GUNDAMANATTA CROSS, SR	5(6) 5 7 N S 1 C 1
(Name & Address of the Institution)	

<sup>\*</sup> 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.