PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No.	Dated: $c \sqrt{8} \sqrt{6} \sqrt{2} \sqrt{3}$
It is certified that an inspection team heade	Primary Health Center, Kale
(Name of Officers with designation) from	Primary Health Center, Kale
(Name of Department/ Office) inspected the	Academic Heights Public School
(Name & Address of the school) on .08.	(date of inspection) and found that the COL (Name of school) has safe drinking water
	staff of the institution and is maintaining the hygienic
sanitation condition in the school building &	the campus as per norms prescribed by the Central/
State/ U.T. Govt.	
The above is valid for a period ofl. ye	CIS DICAL OFFICE
	Signature with Seal: Primery Health Center Cate
	Name : Or Sayah V tongle
	Name : Or Sayah V tongle Designation : Mudical Officer
	Name & Address of the Office / Department :
°o	
icademic Heights Public	School, Kasad, ad,
pist-satura, Maharashtaa.	

(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.

Principal
ACADEMIC HEIGHTS
PUBLIC SCHOOL, KARAD

Manager
School Management Committee