

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

No. _____

Date : _____

It is certified that an inspection team headed by _____
_____ (Name of Officers
with designation) from _____ (Name of
Department/Office) inspected the _____
_____ (Name & Address of
the School) on _____ and found that the _____
_____ (Name of school) has safe
drinking water facilities for the students and members of staff of the institution and is maintaining
the hygienic sanitation condition in the school building & the campus as per the norms
prescribed by the Central/State/U.T Govt.

The above valid for a period of _____.

Signature with Seal : _____

Name : _____

Designation : _____

To

(Name & Address of the Institution)