PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No.			Dated:	
It is certified that an ins	pection team he	aded byA.N.S.	AR: P.M.	
(Name of Officers with	designation) fron	HEALTH IN	IS DECTOR, FHC	.A.L.A.NCOD
(Name of Department/	Office) inspected	theSAM.S.K	KRITHI SCHOO	L, KAKKID
facilities for the students	SCHO.O.L s and members	(Name of of staff of the institu	te of inspection) and fou school) has safe drin tion and is maintaining the norms prescribed by t	king water ne hygienic
	00.	11 0.04 1 5	ela. PRIM	
The above is valid for a	period of	Signature with	4.0	
* FAMILE	N. C. W. C.	Name	: ANSAR 1	D. M
D	575 (F)	Designation	HEALTH IN	HSPECTOR.
OF NAME AND ASSESSED.	V 1/2 C 1818 //	Name & Addres	s of the Office / Departme	ent :
Го				
SAMSKRIJIHI S	SCHOOL			
KAKKIDIDUR	AM			

* 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.



(Name & Address of the Institution)

WANAGER SAMSKRUTHI SCHOOL PANTHAVOOR ANITHA.K.V
PRINCIPAL
SAMSKRUTHI SCHOOL
PANTHAVOOR