

PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION
CERTIFICATE

No. _____

Date : 22/05/2024

It is certified that an inspection team headed by C H C SALEMPUR
Medical and Health Department (Name of Officers
with designation) from _____ (Name of
Department/Office) inspected the ST. XAVIER'S SCHOOL SALEMPUR
W.N.3, BHATHWADHARAMPUR, SALEMPUR (Name & Address of
the School) on _____ and found that the _____
ST XAVIER'S SCHOOL SALEMPUR (Name of school) has safe
drinking water facilities for the students and members of staff of the institution and is main-
taining 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 1 (ONE) Year

Signature with Seal : _____

Name : D.S.A. AUSAJI

Designation : Salempur

Medical Officer
C H C SALEMPUR
DEORIA

To

MANAGER / PRINCIPAL
ST. XAVIER'S SCHOOL SALEMPUR
DEORIA, UP - 274509

(Name & Address of the institution)