PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE.

No	Date : $\frac{20/10/2020}{20}$
It is certified that an inspection t	eam headed by (Name of Officers
with designation) from	tealth Department (Name of
	DAY chapal
V.P.O. & Tehsil Chopal, Di	8th Shimla. (Name & Address of
the School on 20/10/20 and for Public School Chopal	ound that the
drinking water facilities for the students and r	members of staff of the institution and is maintaining
the hygienic sanitation condition in the s	chool building & the campus as per the norms
prescribed by the Central/State/U.T Govt.	
The above valid for a period of $_$	
	Medical Officer
	Signature with Seacivil Hospital, Chopal
1. I	Name : Dr. ISHITA.
	Designation :
То	
DAY CPS School chapcy Dixtt shimla HP	
(Name & Address of the Institution)	