PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 236/24 ·	Dated: 09-07-8824
It is certified that an inspection team headed	by 5. UBYR. A. A Health Inspector
(Name of Officers with designation) from	lealth. Department. CHS. UALAPAD
(Name of Department/ Office) inspected the	BHARATH VIDYA MANDIR
ВнекалнV.IQYAme N.D.I.R	1.7
The above is valid for a period of	
	Signature with Seal:
	Name : SUBYR-A-A
	Designation : HEALTH INPRECTOR
To MANAGER	Name & Address of the Office / Department : . C.H.C, VA LA P A ഹെക്ക്ത് ഇൻസ്പെക്ടർ കമ്പുണിറ്റി ഹെൽത് സെർർ വലമാട് ശ്രാം പ്രധാരണ്ട്

* 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.



BHARATH VIDYA MANDIR

(Name & Address of the Institution)