

Annexure C

Appendix-XIII

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 0089

Dated: 15.04.2024

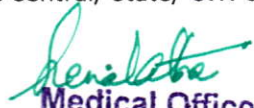
It is certified that an inspection team headed bySMT HEMALATHA B.....

(Name of Officers with designation) fromMEDICAL OFFICER, CHC, WARANGAL.....

(Name of Department/ Office) inspected the OASIS PUBLIC SCHOOL

(Name & Address of the school) on ...15.04.2024.....(date of inspection), checked the water test report submitted by the school and found that the school has potable drinking water for students and staff of the institution and is having provision for running water in the toilets and maintaining hygienic sanitation condition in the school building & the campus as per norms prescribed by the Central/ State/ U.T. Govt.

The above is valid for a period of ...ONE YEAR...


Medical Officer
Signature with ~~Community Health Centre,~~
Warangal

Name : HEMALATHA B

Designation : MEDICAL OFFICER, CHC,
WARANGAL

To

THE CORRESPONDENT

OASIS PUBLIC SCHOOL

SR.NO. 27, H.NO. 11-23-2357, DESHAIPET ROAD,

WARANGAL DISTRICT

* 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.