## PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 0 \ Dated: 21-04-2625
It is certified that an inspection team headed by DR. T. KAMALAKARA RAO.
(Name of Officers with designation) from Medical Officer, PHC Pedanandipadce
(Name of Department/ Office) inspected the School, Education Department
(Name & Address of the school) on .21-0425(date of inspection) and found that the
The above is valid for a period of
Name DR. T. KAMALAKARA RA
Designation  MEDICAL OFFICER  ORIMANY HEALTH CENTER  Name & Address of the Office / Department:
The Head Master
Nandé School, Pedanandipade Guntur Dt. (Name & Address of the Institution)
(Name & Address of the Institution)

<sup>\*</sup> 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.