

## PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No.	Dated:
It is certified that an inspection tea	m headed by TILAK RAJ MHS
(Name of Officers with designation	n) from Health Depth of o Bmo Dharam Pi
(Name of Department/ Office) insp	pected the D.A.V. Subattu
(Name & Address of the school) D. A. V. Subattu facilities for the students and mer	on
State/ U.T. Govt.	
The above is valid for a period of .	One year
	Signature with Seal Officer
The second secon	Name Dharampur, Distt. Soisen (H.P.
	Designation :
	Name & Address of the Office / Department :
Principal	
DAV. Subatho Dis	H-Solantina.
(Name & Address of the Instituti	on)

<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.