

PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. _____

Date: 13-2-2024

It is certified that an inspection team headed by Saya Jai Health Educator
Block Bhawarna (Name of Officers with designation) from

_____ (Name of Department/Office) inspected the
RAINBOW WORLD SCHOOL, BARI, BHAWARNA - KANGRA (HP)

_____ (Name & Address of the School) on dt 13-2-2024 and found that the
_____ (Name of school) has safe drinking water facilities for the students and
members of staff of the institution and is maintaining the hygienic sanitation condition in the school
building & the campus as per the norms prescribed by the Central/State/U.T Govt.

The above valid for a period of ONE YEAR (13-02-24 to 13-02-25)

Signature with Seal: [Signature]

Name: Dr. NAVEEN RAO

Designation: Block MEDICAL OFFICER

To RAINBOW WORLD SCHOOL BARI BHAWARNA (KANGRA) HP
(Name & Address of the Institution)

