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APPENDIX - VII

PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION  
CERTIFICATE

Date: 29/06/18

I have visited and an inspection team headed by Dr. Pawan  
DEPARTMENT OF PUBLIC HEALTH ENGINEERING (Name of Officers)  
Inspection team DEPARTMENT OF PUBLIC HEALTH ENGINEERING (Name of  
the Inspecting Officer) visited the SSB Public School  
... (Name & Address of  
the Institute on ... and found that the SSB PUBLIC  
SCHOOL (Name of school) has safe  
drinking water facilities for the students and members of staff of the institution and is maintaining  
good sanitary condition in the school building & the campus as per the norms  
prescribed by the Central/State/UT Govt.

The above valid for a period of one year

Signature with Seal: [Signature]  
Name: [Signature]  
Designation: ...

To  
.....  
.....  
(Name & Address of the Institution)

[Signature] [Signature]