Dated: 17.08.2024

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 498

SHRINATHPURAM- D KOTA

(Name & Address of the Institution)

	It is certified that an inspection team headed by SR. RAMESH		
	(Name of Officers with designation) from रस्पार अम्पारी नगर निशम ओदा रहिण		
	(Name of Department/ Office) inspected the Shiv Typhi Convent School, sharethfuram-I		
	(Name & Address of the school) on 19:08.2029(date of inspection) and found that the		
,}	Tydi Convent Scherl Shingtham (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 norms prescribed by the Central/		
	State/ U.T. Govt.		
	The above is valid for a period of		
	Signature with Seal:		
	A Sent Jakista		
	Name सम्बाम कोटा दक्षि		
	Designation : 因 Spi 中文		
	Name & Address of the Office / Department :		
	То		
	SHIN JOTI CONVENT SCHOOL		

^{*} 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.

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. JAH SWASTHYA 2023-24 26	Dated: 17-08.2029
It is certified that an inspection team headed	by Paras Jain Inspector.
(Name of Officers with designation) from	TAN SCORETHYA ABHYANTRIK VIBHAG
	SHIM TYOTI CONVENT SCHOOL SHRINATHPURAMD KOTA
(Name & Address of the school) on16.0	08.2024 (date of inspection) and found that the RAM (Name of school) has safe drinking water
SHIV JOTI CONVENT SCHOOL SHRIMATHP	Name of school) has safe drinking water
facilities for the students and members of s	taff of the institution and is maintaining the 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	सहायक अभियन्ता क्या. स्वा. अभि. विभाग
	Signature with Seal: वितरण उपजन्त प्रवास अगर-वृति .
	Name : Ani lavely
<u> </u>	Designation : Assistant Engli
	Name & Address of the Office / Department JAN SWASTHYA
То	ABHYANTRIK VIBHAG, KOTA
SHOW TYOTH CONVENT SCHOOL SHOWMATHPURAM-D KOTA.	L.
SHRIMATHPURAM-D KOTA .	

(Name & Address of the Institution)

^{*} 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.