PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. _____ Date : 24/1/24.

It is certified that an inspection team headed by Dr. Siddhidatri Pillai MEDICAL OFFICER (Name of Officers with designation) from **CHC REHTI, DIST- SEHORE MADHYA PRADESH** (Name of Department/Office) inspected the **SANSKAR ACADEMY OF EDUCATION REHTI,ITAWA, DIST-SEHORE (M.P.)** on Date 24/1/24 and found that the **SANSKAR ACADEMY OF EDUCATION REHTI,ITAWA, DIST-SEHORE (M.P.)** 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 _____.

Signature with Seal

Officer Name : Dr. Siddhidatri Pillai

प्रभारी चिकित्सा अधिकारी

Designation : MEDICAL OFFICER

Name & address of the office / Department :

प्रभारी मेडीकल ऑफीसर
सामु.स्वा.केन्द्र रेहटी
जिला–सीहोर (म.प्र.)

CHC REHTI, DIST- SEHORE MADHYA PRADESH

To

PRINCIPAL
SANSKAR ACADEMY OF EDUCATION
REHTI, ITAWA, DIST- SEHORE (M.P.)