SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 04/08-2324	4	Da	te: 29 06/2013	
It is certified that an inspection team h	leaded by Konal	H. Padhiyas		
(Name of the officer with designation)		4		
(Name of Department / Office)inspect	ted the Ved Int	ernstand Sc	Loof, Sharkhi, V	adulary
(Name and address of the school) on _				
report submitted by the school and fo	unded that the school l	nas portable drinking v	vater for students	
and staff of the institution and is hav	ing provision for runni	ng water in the toilet	s and maintaining	
hygienic sanitation conditions in the	school building & the o	ampus as per norms	prescribed by the	
Central / State / U.T. Govt.	ij			
The above is valid for a period of Ox	ey car 28/	06/2023		
	Signature wi	th seal :		
	Name:			
	Designation	: 12		
	Authorised	iblic Health Departme office of the Local Bod	Y	
	Name & Add	dress of the Office / De	epartment :	,
То	थाप्स ६६१ र	ना योगोर भूग्ल	ANDIPPER PRIM	Ġ-
JALPARI FARM, KOYALI – UMETA ROA	D .		Medicar Officer C	
VILLAGE: SHERKHI, DIST.: VADODARA	ž.	R.H. & Community Health Center		

*The filled up certificate should be either in Hindi or English. If it is issued in vernacular languages, translated notarized version in English be uploaded along with the original vernacular certificate as a single PDF.