

**PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION
CERTIFICATE.**

No. _____

Date : _____

It is certified that an inspection team headed by Smt. Rekha
Jiyalal Paredhi (Name of Officers
with designation) from Eklavya Model Residential School Aheri (Name of
Department/Office) inspected the Site in Survey on Khamanchau
Road, Aheri, Tah. Aheri, Dist. Gadchiroli (Name & Address of
the School) on _____ and found that the [EMRS]
Eklavya Model Residential School, Aheri (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.

Signature with Seal : Medical Officer
Sub-Dist Hospital, Aheri

Name : Dr. S. R. Raut

Designation : Medical Officer

To

Eklavya Model Residential School
Aheri Ta. Aheri Dist. Gadchiroli
CBSE Affiliation Code- 1120006
UDISE Code- 27120105450

(Name & Address of the Institution)

