

SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 24/29

Date : 11/1/24

It is certified that an inspection team headed by **Dy. Civil Surgeon** (Name of Officers with designation) from **Health Department** (Name of Department/ Office) inspected **Shivaji Vidyapeeth Sr. Sec. School ,Village - Bhadana, District Sonipat** on _____ and found that the **Shivaji Vidyapeeth Sr. Sec. School , Village - Bhadana, District Sonipat** has safe drinking water facilities for the students and members of staff of the institution and is maintaining the hygiene 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 January 2025**

Signature with seal : S. J. [Signature]

Name :- _____

Designation :- _____



To

Shivaji Vidyapeeth Sr. Sec. School ,

Village - Bhadana, District Sonipat