Annexure C

Appendix-XIII

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

NO. CE/SANT/2019-20		Dated: 12/06/2023
It is certified that an inspection team header	d by Dr. Vin	ed Pokharel, co-ordinator
(Name of Officers with designation) From	PHE &	w/s
(Name of Department/ Office) inspecte		
(Name and Address of the school) On 61		
report submitted by the school and found to		
staff of the institution and is having provis		
hygienic sanitation condition in the school		
Central/State/U.T.Govt.		, and a process of the
The above is valid for a period of $\frac{11/66}{}$	2026	11
	Signature with s	eal:
	Name	Parks Town
	Designation	: Assistant Ergineal.
	Assistant Engineer of	
	The Govt. Public Health Department (PHED)/	
	Authorized officer of the Local Body	
	Name & Address	s of the office/Department:

New Galaxy Academy, Ninjuli

(Name and Address of the Institution)

^{*}The filling up certificate should be either in Hindi or in 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.