

APPENDIX-VIII

PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION
CERTIFICATE

No.

Date : 27/05/2022

I is certified that an inspection team headed by Dr. Arun Kumar

G.D.M.O P H C mattikote, Shikaripura (Te)

(Name of Officers with designation) From **health department** (Name of Department/Office) inspected the **Vrushabha School, Sy.No.60/3,Chennalli Cross, Masur Road, Shikaripur Taluk, Shimoga District, Karnataka State** on _____ and found that the **Vrushabha 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 building and the campus as per the norms prescribe by the Central/State/U.T Government.

The above valid for a period of 3 years.

For Dr. Arun Kumar S.H.O.
Signature with seal
ವೈದ್ಯಾಧಿಕಾರಿಗಳು
ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ
ಮುಕ್ಕೋಟೆ, ಶಿಕಾರಿಪುರ ತಾ||

Name: Dr. Arun Kumar S.H.O.
ವೈದ್ಯಾಧಿಕಾರಿಗಳು
ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ
Designation: ಮುಕ್ಕೋಟೆ, ಶಿಕಾರಿಪುರ ತಾ||

To,

Vrushabha School,

Chennalli Cross, Masur road

Shikaripura

(name & Address of the Institution)