

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

No. _____

Date : 20/06/2018

It is certified that an inspection team headed by **SHRI J.M.Tubachi TALUKA MEDICAL OFFICER** (Name of Officers with designation) from **TALUKA MEDICAL OFFICER** (Name of Department/Office) inspected the **DRINKING WATER AND SANITATION FACILITIES OF SHRI KADASIDDHESHWAR PUBLIC SCHOOL, HUKKERI.** (Name & Address of the School) on **25/04/2018** and found that the **SHRI KADASIDDHESHWAR PUBLIC SCHOOL, HUKKERI.** (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 **05 YEARS.**

Signature with Seal : **ಶ್ರೀ ಜಿ.ಎಂ.ತುಬಾಚಿ**
ತಾಲ್ಲೂಕು ವೈದ್ಯಕೀಶರ ಕಛೇರಿ


Name : **DR J.M. Tubachi**

Designation : **The Hukkeri**

To,

**SHRI KADASIDDHESHWAR PUBLIC SCHOOL,
HUKKERI**


PRINCIPAL
**SHRI KADASIDDHESHWAR PUBLIC
SCHOOL HUKKERI**
Dist: BELAGANI KARNATAKA-591309


PRINCIPAL
**SHRI KADASIDDHESHWAR PUBLIC
SCHOOL HUKKERI**
Dist: BELAGANI KARNATAKA-591309


MANAGER
**SHRI KADASIDDHESHWAR PUBLIC
SCHOOL HUKKERI**
Dist: BELAGANI KARNATAKA-591309

