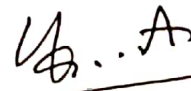


**PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION
CERTIFICATE.**

No. 65 Date : 12/5/2022

It is certified that Public works
Department office - SIKRAI
 _____ (Name of Department/Office)
 inspected the SWAMI VIVEKANAND GOVT. MODEL
SCHOOL SIKRAI, DIST. - DAUSA. (Name & Address of
 the School) on _____ and found that the SWAMI VIVEKANAND
GOVT. MODEL SCHOOL - SIKRAI (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 1/4/2022 to 31/3/2028.


 Signature with Seal : फूल सिंह मीना
सहायक अभियन्ता
 Name : सा. नि. वि. उप खण्ड
सिकराय
 Designation : _____

To

PRINCIPAL
SWAMI VIVEKANAND GOVT. MODEL
SCHOOL - SIKRAI

(Name & Address of the Institution)

