

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

No. 27Date: 18.04.2024

It is certified that an inspection team headed by BDO chitakahar  
Surya Prakash (BDO chitakahar Ballia) (Name of Officers  
with designation) from Block Development officers (Name of  
Department/Office) inspected the Devasthaly Vidyaapeeth  
Devasthaly, chitakahar Ballia (Name & Address of  
the School) on 15.04.24 and found that the Devasthaly Vidyaapeeth  
Devasthaly (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 01 year.

S.P.O.  
18/04/2024 Signature with Seal : वि.क.स. अधिकारी  
महायक विकास अधिकारी (प) Name : \_\_\_\_\_  
वि.क.स. अधिकारी Designation : \_\_\_\_\_  
वि.क.स. अधिकारी Designation : \_\_\_\_\_

To

Devasthaly Vidyaapeeth  
Devasthaly, chitakahar  
Ballia UP - Pin. 221701

(Name &amp; Address of the Institution)

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

No \_\_\_\_\_


Date 2/4/24It is certified that an inspection team headed by DR. Prashant KumarMedical office PNC Chilkahar (Name of officers with designation)from Medical and Health (Name of Department/Office)inspected the Dev Asthaly vidyapeeth, Chilkahar, Ballia

(Name &amp; address of the school) on \_\_\_\_\_

And found that the Devasthaly vidyapeeth, Chilkahar Ballia

(Name of the 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 &amp; the campus as per the norms prescribed by the central/ state/U.T. govt.

The above valid for a period of one year

  
 Signature with seal  
 Name DR. PRASHANT KUMAR  
 Designation MO  
 Medical officer I/C  
 P.H.C. Chilkahar, (Ballia)

To  
Devasthaly vidyapeeth  
Chilkahar, Ballia  
P.P.

(Name &amp; Address of the institution)