Appendix -XIII

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 347

Dated: 25.05.2023

The above is valid for a period of 5 yrs.

Signature with seal

प्रभारी चिकित्सा पदाधिकारी प्राथमिक स्वास्थ्य केन्द्र भोविन्दप्र (धनबाद)

Name Dr.Bisheswar Kumar

Designation MOI/CHC, Govindpur, Dhanbad

To
The Manager
Symbiosis Public School
Barwadda, P.O.Kalyanpur
Dhanbad