

PERFORMANCE FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE


No. 32/2023

Dated : 21/11/2023

It is certified that an inspection team head by **Dr. SARITHA**(Name of Officers with designation) from **Medical Officer**(Name of Department/Office) Inspected the **Primary Health Centre**(Name & Address of the school) on **NEW HARDWICK INDIAN SCHOOL**, No. 52/8,

Kodigehalli, Magadi Main Road, Bangalore - 91 (date of inspection) and found that the

(Name of school) has safe drinking water facilities for the students and members of the institution and is maintaining the hygienic sanitation condition in the school building & the campus as per norms prescribed by the Central / State / U.T. govt.

The above is valid for a period of **One Year**Signature with seal : Name : **ವೈದ್ಯಾಧಿಕಾರಿಗಳು**Designation : **ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ ಕನ್ನಡಿ**Name & Address of the Office / Department : **(ನಾಸಚಂದ್ರ ಆಸ್ಪತ್ರೆ) ಬೆಂಗಳೂರು ಉತ್ತರ ಪಾ. ಪಿನ್-560 091**

To,

NEW HARDWICK INDIAN SCHOOL

No. 52/8, Kodigehalli, Magadi Main Road, Bangalore - 91

(Name & Address of the Institution)

* The filled up certificate should be either In Hindi or English. If it is issued in vernacular language, translated notarized version in English uploaded along with the original vernacular certificate as a single pdf.

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 32/2023

Dated: 21/11/2023

It is certified that an inspection team headed by Dr SARITHA (Name of Officers with designation) from Medical officer (Name of Department/ Office) inspected the (Name & Address of the school) on **New Hardwick Indian School** No 52/8 Kodigehalli Magadi Main Road Bengaluru 61 (date of inspection) and found that the (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 norms prescribed by the Central/ State/ U.T. Govt.

The above is valid for a period of **One Year**

Signature with seal

Name : Dr SARITHA

Designation : **Medical Officer**

Primary Health Centre Kannalli

(Nagachandra Hospital)

Bengaluru North Taluk 560091

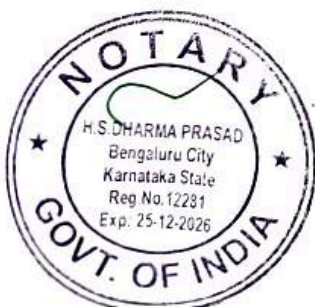
To

New Harwdick Indian School

52 /8 Kodogehalliu Post Magadi ,Main Road Bengaluru - 91

Name & Address of the Office / Department :

* The filled up certificate should be either in Hindi or English. If it is issued in vernacular language, translated notarized version in English be uploaded along with the original vernacular certificate



TRANSLATED
[Handwritten Signature]

H.S. DHARMA PRASAD BA, LL.B.,
NOTARY PUBLIC
GOVT. OF INDIA
Bengaluru City, Karnataka State,
Reg. No. 12281, Exp. 25-12-2026.

05 DEC 2023