

PROFORMA FOR SAFE DRINKING WATER

No.

Date 20/12/24

It is certified that an inspection team headed by Er. Shivam Mishra, (I.E.)
 (Name of Officers with designation) from Jal Kal Vithag Nigam, Prayagraj
 (Name of Department/ Office) inspected the TAGORE Public School, ATTARSULYA
 (Name & Address of the school) on 28-11-24 (date of inspection) and found
 that TAGORE Public School (Name of school) has safe drinking
 water facilities for the students and members of staff of the institution as per
 norms prescribed by the Central/State /U T Govt.

The above is valid for a period of Three month Only

Signature with Seal

उपनिवासी अभियंता (पुं०)
 जलकल विभाग
 नगर निगम-प्रयागराज

Name

Er. Shivam Mishra

Designation

Executive Engineer

Name & Address of the Office / Department

To

TAGORE Public School

179, A, Attarsulya Prayagraj - 211003

(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 be uploaded along with the original vernacular certificate as a single pdf

PROFORMA FOR GOOD SANITARY CONDITION CERTIFICATE

No

Date 14/12/2024

It is certified that an inspection team headed by SFI & Supervisor - 76
 (Name of Officers with designation) from Pooja Singh (SFI)
 (Name of Department/ Office) inspected the Tagore Public School, Attarsungy, And
 (Name & Address of the school) on 15/12/2024 (date of inspection) and found
 that Tagore Public School (Name of school) 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

सहित / नगर स्वच्छता अधिकारी नगर
 महोदय

Signature with Seal

[Signature]

Name

Dr. Mahesh

Designation

City Health Officer

Name & Address of the Office / Department N.N.P.

Sarjani Nayak marg civil line
 in front of Police station

To

The Principal,

Tagore Public School, Attarsungy, Attarsungy

(Name & Address of the Institution)

[Stamp]

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