PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 2712/13

Dated: 22/12/23

It is certified that an inspection team headed by

(Name of Officers with designation) from U: SUDHA, I and Heath officer

The above is valid for a period of $\frac{22}{12}$

Date 22 12 23... Con Carles 13. * Carles 13.

Signature with Seal: U.Sudun 22/12/23....

Name

Designation

240-13 [Hc)

Name & Address of the Office / Department: V. J. Vd/na

SRI CHAITANYA TECHNO SCHOOL T.S NO.22,(OLD S.NO : 374/1 PART), KAVERI STREET, 0169, WARD NO: 001 VELACHERY VILLAGE VELACHERY CHENNAI 600042. Zonal Health officur Zona-13, Adayon Create chennoi Corporation

ZONAL HEALTH OFFICER
ZONE 13
GREATER CHENNAI CORPORATION

^{*} 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.