

**SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE**

No. ....

Date: 29/4/24.....

It is certified that an inspection team headed by **Dy. Civil Surgeon/**  
**SDO** (Name of Officers with designation) from **Health Department** (Name of Department/  
Office) inspected the **PM SHRI GSSS KHARKHODA(3630), District Sonipat** on  
.26.4.24 and found that the **PM SHRI GSSS KHARKHODA (3630), District Sonipat**  
has safe drinking water facilities for the students and members of staff of the institution and  
is maintaining the hygiene 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 **One Year**

Signature with seal: .....

Name:-.....

Designation:.....  
Sub Divisional Engineer  
Public Health Engineering S/Division  
Kharkhoda

TO  
**PM SHRI GSSS, KHARKHODA(3630)**  
**DISTRICT SONIPAT**