

**PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION
CERTIFICATE.**

No. 3530523

Date: 23TH JUNE 2024

Slater 805

It is certified that an inspection team headed by Dr. Vinita Sayana
(Name of Officers
with designation) from COMMUNITY HEALTH CENTER SAHASPUR (Name of
Department/Office) inspected the DOON VALLEY INTERNATIONAL
SCHOOL, THAKURPVA, DEHRADUN (Name & Address of
the School) on _____ and found that the DOON VALLEY INTERNATIONAL
SCHOOL, THAKURPVA, DEHRADUN (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 the norms
prescribed by the Central/State/U.T Govt.

The above valid for a period of _____.

Signature with Seal : Dr. VINITA SAYANA

Name : MEDICAL SUPRITENDANT

Designation : _____

To

DOON VALLEY INTERNATIONAL
SCHOOL, THAKURPVA
DEHRADUN.

(Name & Address of the Institution)

24/6/24
चिकित्सा अधीक्षक
सामुदायिक स्वास्थ्य केंद्र
सहसपुर