

Annexure C

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 2735

Dated: 15/05/2026

It is certified that an inspection team headed by DR. KRISHNA KUMAR, CS CUM CMO
AURANGABAD (BIHAR)

(Name of Officers with designation) from HEALTH DEPARTMENT PHED

inspected the ST. IGNATIUS SCHOOL, MISSION SCHOOL ROAD, AURANGABAD
(BIHAR)

(Name & Address of the school) on 12/05/2026 (date of inspection) and on the basis of

Water Test Report (Attached) bearing no. _____ dated _____

of _____ (PHED Lab) certified that

the ST. IGNATIUS SCHOOL, AURANGABAD (Name of school) has safe drinking water

facilities for the students and members of staff of the institution. School is also maintains the
hygienic sanitation condition in the school building & the campus as per norms prescribed by the
Central/ State/ U.T. Govt.

This certificate is valid till _____



Signature with Seal: _____
Name : DR. KRISHNA KUMAR
Designation : C.M.O. AURANGABAD
Name & Address of the Office / Department : _____

To
ST. IGNATIUS SCHOOL
MISSION SCHOOL ROAD, AURANGABAD
(Name & Address of the Institution)

Note: The certificate is to be issued by authorized officer / PHED Lab / local bodies