

**APPENDIX - VIII**

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

No. 193

Date : 16-03-2021

It is certified that an inspection team headed by ... Dr. Laxmi / Laxman  
..... MO CHC Jugsalai Cum Golmuri .....  
..... (Name of Officers with designation) from .....  
..... CHC Jugsalai Cum Gol ..... (Name of Department / Office) inspected the  
**UPG GOVT +2S B.P.M.BURMAMINES, BURMAMINES, , GOLMURI-CUM-  
JUGSALAI, PURBI SINGHBHUM - 831007** (Name & Address of the School) on ...  
..... 16/03/2021 ..... and found that the **UPG GOVT +2S  
B.P.M.BURMAMINES** (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 **till next inspection.**

Signature with Seal : \_\_\_\_\_

Name

: Dr Laxmi / Laxman

Designation

: Medical Officer

To  
Principal,  
**UPG GOVT +2S B.P.M.BURMAMINES,  
BURMAMINES, , GOLMURI-CUM-JUGSALAI, PURBI  
SINGHBHUM - 831007.**

(Name & Address of the Institution)

प्रभारी चिकित्सा पदाधिकारी  
सामुदायिक स्वास्थ्य केन्द्र  
जुगसलाई-सह-गोलमुरी  
पूर्वी सिंहभूम, जमशेदपुर