APPENDIX -VIII

PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE.

No._____ **Date: 02/11/2026**

It is certified that an inspection team headed by **Medical officer of PHC-Jagudan HWC-Dholasan** (Name of Officers With designation) from **10/11/2026 PHC Jagudan** (Name of Department/Office) inspected the **TAPOVAN INTERNATIONAL SCHOOL, DHOLASAN ROAD, PO-LINCH 384435 DIST. MAHESANA (10171)** (Name & Address of the School) On Dt. **10/11/2026** and found that the **TAPOVAN INTERNATIONAL SCHOOL** (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 **10/11/2026 to 09/11/2027**

Primary Health Center, JAGUDAN, Ta & Dist. Mehsana
Medical Officer

Signature with Seal: _____

Name : Dr. M. I. Mulla

Designation : Medical officer

Medical Officer
Primary Health Center
Jagudan, Ta.& Dist. Mehsana

To
TAPOVAN INTERNATIONAL SCHOOL
DHOLASAN ROAD,
PO - LINCH - 384435,
DIST - MEHSANA

Principal
Tapovan International School