

PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION
CERTIFICATE.

No. _____

Date : 10/7/25.

It is certified that an inspection team headed by PRATIK MONANTA
M.O. - CMC KULIANA (Name of Officers
with designation) from CMC KULIANA. (Name of
Department/Office) inspected the EMRS KOLIANA.
_____ (Name & Address of
the School) on 10/7/25. and found that the _____
EMRS KOLIANA (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 one year.

Signature with Seal : PKM

Name : P.K. MONANTA

Designation : M.O. **Medical Officer**
Kuliana C.H.C.

To

EMRS KOLIANA.

Village Pomigra

Dist Mayurbhanj pin- 757030.

(Name & Address of the Institution)

Medical Officer
Kuliana C.H.C.