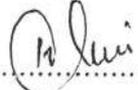


## PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No.

Dated: 27/01/2026

It is certified that an inspection team headed by ....DR. Himaxi A. Chauhan... (medical officer)  
 (Name of Officers with designation) from ....Primary health centre, Selamba...  
 (Name of Department/ Office) inspected the EKLAVYA MODEL RESIDENTIAL SCHOOL, SAGBARA  
 (Name & Address of the school) on ...27/01/2026... (date of inspection) and found that  
 the EKLAVYA MODEL RESIDENTIAL SCHOOL, SAGBARA... (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 norms prescribed by the Central/ State/ U.T. Govt.  
 The above is valid for a period of .....6 months.....

Signature with Seal: 

Name

: Dr. Himaxi A. Chauhan

Designation

: Medical Officer

Name &amp; Address of the Office / Department/ Officer:



P. H. C; SELAMBA  
Ta. Sagbara, Dist. Narmada

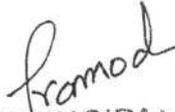
To

PRINCIPAL

EKLAVYA MODEL RESIDENTIAL SCHOOL,

SAGBARA, NARMADA (GUJARAT)

(Name &amp; Address of the Institution)

  
 PRINCIPAL  
 EMRS SAGBARA  
 DIST NARMADA

\* The filled up certificate should be either in Hindi or English. If it is issued in vernacular language, translated notarized version in English be uploaded along with the original vernacular certificate as a single pdf.