

**PROFORMA FOR SAFE DRINKING WATER AND SANITARY  
CONDITION CERTIFICATE**

No. ....581....

Dated : ..13/03/2026

It is certified that an inspection team headed by **SANJAY SONI, HEALTH OFFICER** (Name of Officers with designation) from **MUNICIPAL CORPORATION, KATNI** (Name of Department/Office) inspected the **ST. PAUL SCHOOL** (Name & Address of the school) on **13/03/2026** (date of inspection) and found that the **ST. PAUL SCHOOL** (Name of school) has safe drinking water facilities for the students and members of staff of the institution and in maintaining the hygienic sanitation condition in the school building & the campus as per norms prescribed by the Central/State/U.T. Govt.

This above is valid for a period of 31.12.2026 (1 Year).



Signature with Seal : .....  
 Name : **SANJAY SONI**  
 Designation : **HEALTH OFFICER**  
 Name & Address of the Office / Department :  
**MUNICIPAL CORPORATION, KATNI**

To  
**ST. PAUL SCHOOL**  
**LAXMI BAI WARD, KATNI**  
 (Name & Address of the Institution)

\* 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.