

INDORE MUNICIPAL CORPORATION


SR. NO. 184.....

DATE : 31-8-2023.....

CERTIFICATE

It is certified that an inspection team lead by **DR. UTTAM YADAV** (Name of Officers with designation) from **THE HEALTH OFFICER, ZONE NO 13** Name of Department/Office) inspected the **CHAMELI DEVI PUBLIC SCHOOL, INDORE - 452 001 (M.P.)** (Name & Address of the School) on 25/08/2023. and found that the school campus has safe drinking water facilities for the students and members of the 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.



Signature with Seal :   
Name : **DR. UTTAM YADAV**  
Designation : **HEALTH OFFICER**

TO,

THE.....PRINCIPAL.....  
CHAMELI DEVI PUBLIC  
SCHOOL, INDORE - 452001  
(Name & Address of the Institution)