MAHARASHTRA STATE PUBLIC HEALTH SERVICES REGIONAL PUBLIC HEALTH LABORATORY AURANGABAD REPORT OF BACTERIOLOGICAL EXAMINATION OF WATER Phone :- (0240)2370261 rphlabd@gmail.com , abdbactrphl@gmail.com 2991876 Aniana school Anjana Pradisthan, C/o Name & Address of Sender. of Excellency, Aseguon, Geanoupur, Furrangabad, Sender's Letter No. & Date 121912023 Laboratory Reference No. 12229 :-Date of Collection 121912023 Date of Arrival at Laboratory Date of Commencing Examination :-Result of Analysis - Most Probable Number Per 100 ml. Sr. Particular of Water Samples Remark No. Thermotolerant Coliforms Coliforms water of Jar Podable fix for drinking Purposes

Remark: Unfit water samples can be used, only after proper treatment, chlorination and retesting bacteriologically to ascertain its / their fitness for drinking purposes.

Note:- Above water sample was not collected by this laboratory.

Govt. Receipt No. 7171933 Dt. 121 91203 Rs. 340/-

Report outward No.:- 5046

Date: 15-9-23

Officer Incharge

Regional Public Health Laborator

Aurangabad

## PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

	No.	(F. ( )	(291)		Dated: 5   10   23
		PARTIE AND THE PROPERTY OF THE PARTIES AND THE		,	realish A chata
	It is certified that an inspection team headed by DR. Bapusaheb A. ehate				
	(Name of Officers with designation) from Medical Officer				
	(Name of Department Office) inspected the primary Health Center Casur St				
	(Name & Address of the school) on Anjana School Of Excellence (Anjana Pratishthan) Address-At.Gut No-6, Talesaman, Asegaon, Fatiyabad-Asgaon Rd, Ta.Gangapur, Dist.Ch. Sambhajinagar (Aurangabad) (date of inspection) and found that the				
Anjana School Of Excellence (Anjana Pratishthan) (Name of school) has safe drink water facilities for the students and members of staff of the institution and is maintain the hygienic sanitation condition in the school building & the campus as per norms prescribed by the Central/ State/ U.T. Govt.					ion and is maintaining
The above is valid for a period of					
	Date:-	5/10/23	3 station,	Signature with Seal:	Illia.
ì	Place:-	Lasur	station,	Name: Dr Chare	B. A Medical Officer
				Designation: M.O. P	Primary Health Centre Lasur Station To Gangapur Dist Aurangabad
	Name & Address of the Office I Department: primary Health centel caous st.				
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(Name & Address of the Institution)

<sup>\*</sup> 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.