

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 9074/A1/2022

Dated : 23/11/22

It is certified that an inspection team headed by M. NEETHIPATHIRAJAN i/c TPA-DDHS, Vellore from Dr.P.G. BHANUMATHI, M.B.B.S., D.P.H., D.I.H inspected the Deputy Director of Health Services on 23.11.2022 and found that the MAHARISHI VIDYA MANDIR, NELVOY 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 one year from 23.11.2022.

Signature with Seal : .....

Name : Dr. P.G. BHANUMATHI

Designation : Deputy Director of Health Services

Name & Address of the Office / Department: DDHS – VELLORE.

*Deputy Director of Health Services,  
VELLORE - 9.*

To

THE CORRESPONDENT,  
MAHARISHI VIDYA MANDIR SCHOOL,  
OFF-CHITTOOR – CUDDALORE ROAD,  
NELVOY, VELLORE - 632 011,  
TAMIL NADU.

*23/11/22*  
TECHNICAL PERSONAL ASSISTANT  
OFFICE OF THE DDHS,  
VELLORE - 632 009.





**GOVERNMENT OF TAMIL NADU**  
**DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE**  
**SANITARY CERTIFICATE**  
YEAR 2022-2023  
**APPENDIX-3**

(Chapter III Rule: 24)

Tamil Nadu Educational Rules

L.Dis.No: 9074/A1/2022, DT. 23.11.2022

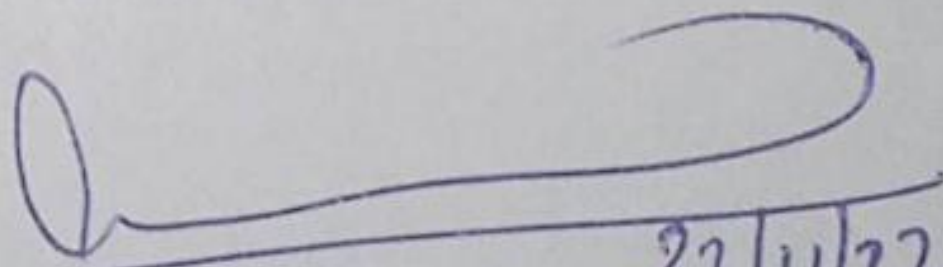
Office of the Deputy Director of  
Health Services, Vellore -9.

I hereby declare that I have inspected the  
**MAHARISHI VIDHYALAYA MANDIR, OFF CHITTOOR - CUDDALORE ROAD,**  
**NELVOY, VELLORE, TAMIL NADU, VELLORE, 632011**

Building and premises on the day of 23.11.2022 and certify

- : That the accommodation is sufficient for the maximum number of pupils is properly ventilated and lighted;
- : That the building is maintained in substantial repair;
- : That is neat and clean;
- : That the latrine arrangements are adequate and satisfactory;
- : That the supply of drinking water is wholesome and
- : That in all other necessary respects the sanitation is good.
- : This certificate Valid for One year from the date of issue
- : Tobacco Free Zone Board must be there.

Countersigned

  
i/c Signature of TPA i/c. 23/11/22  
TECHNICAL PERSONAL ASSISTANT  
OFFICE OF THE DDHS,  
VELLORE - 632 009.

Deputy Director of Health Services  
Vellore - 632 009  
*Deputy Director of Health Services,*  
**VELLORE - 9.**

