

MAHARASHTRA STATE PUBLIC HEALTH SERVICES

REGIONAL PUBLIC HEALTH LABORATORY AURANGABAD

NIZAM BUNGLOW NO 4, CHHAVANI PARISAR, AURANGABAD - 431002

REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER 299/876

Email : rphlabd@gmail.com

Phone :- (0240)2370261

Name & Address of Sender :-		महाराष्ट्र पब्लिक स्कूल दौलगाबाद टी पंडित, औरंगाबाद.	
Sender's Letter No.& Date :-		2614.2024	
Laboratory Reference No. :-		5148	
Date of Collection :-		26/04/2024	
Date of Arrival at Laboratory :-		— " —	
Date of Commencing Examination :-		— " —	
Sr. No.	Particular of Water Samples	Result of Analysis - Most Probable Number Per 100 ml.	
		Coliforms	Thermotolerant Coliforms
1	आर ओ फिल्टर पाणी	0	—
Remark :- Above water Sample/ Samples Nos - 1 is/ are bacteriologically FIT / UNFIT for drinking purposes . However it / they can be used, only after proper treatment, chlorination and retesting bacteriologically to ascertain its / their fitness for drinking purposes.			
Note :- Above water samples was / were not collected by this laboratory.			
Receipt.No. 7358987		Date :- 26/4/2024	Rs. 340/-

Report outward No. :- 1507

Date :- 30-4-2024

(Signature)
 Officer Incharge CI-1
 Regional Public Health Laboratory
 Chhatrapati Sambhajnagar



PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 217

Dated: 15/06/2023.


It is certified that an inspection team headed by Manish S. Fulare,

(Name of Officers with designation) from M.P.W - PHG Daulatabad,

(Name of Department/ Office) inspected the Maharashtra Public School, Daulatabad,

(Name & Address of the school) on 14/06/2023 (date of inspection) and found that the Maharashtra Public School (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 1 year.

Signature with Seal: 

Name

Dr. J. B. Mandaware

Designation

Medical Officer

Name & Address of the Office / Department :

वैद्यकीय अधिकारी,
प्राथमिक आरोग्य केंद्र
दौलताबाद, ता. जि. औरंगाबाद

To

Principal Maharashtra,
Public School, Daulatabad

(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.