

**MAHARASHTRA STATE PUBLIC HEALTH SERVICES**  
**REGIONAL PUBLIC HEALTH LABORATORY AURANGABAD**  
**REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER**

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<b>Name &amp; Address of Sender :-</b>  <b>Sender's Letter No. &amp; Date :-</b> <b>Laboratory Reference No. :-</b> <b>Date of Collection :-</b> <b>Date of Arrival at Laboratory :-</b> <b>Date of Commencing Examination :-</b>	✓ Principal, Pyramid International School, Geut No 233, Harsul, Aurangabad. 01.11.2021 12182 09.11.2021 11 11		
<b>Sr. No.</b>	<b>Particular of Water Samples</b>	<b>Result of Analysis - Most Probable Number per 100 ml.</b>	
		<b>Coliforms</b>	<b>Thermotolerant Coliforms</b>
1	(Borewell) RO Drinking Water	0	—
Note: This laboratory has not collected the sample samples. The results of analysis contained in this report relate only to the sample submitted.			

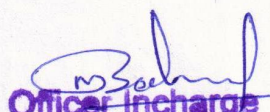
Remark :- Above water samples are bacteriologically Fit for drinking purposes. However it / they can be used, only after proper treatment, chlorination and retesting bacteriologically to ascertain its / their fitness for drinking purposes.

**Note :-** Above water sample/samples was/were not collected by this laboratory.

Reciept No./Dt.	2126015	Dt.-09.11.2021	Rs. 340 /-	
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Report outward No. :- 4660

Date :- 12/11/2021

  
**Officer Incharge**  
 Regional Public Health Laboratory  
 Aurangabad



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


No. 34-2021Date:- 10/11/2021

It is certified that an inspection team **Dr. Sameer Khan** Name of Officers with designation ) from **AMC Aurangabad Municipal Corporation** (Name of Department/Office) inspected the **Pyramid International School Gut No. 233, Harsul, Aurangabad.** (Name & Address of the school) on **23/11/2021** and found that the **Pyramid International 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 the norms prescribed by the Central/ State/U.T Govt.

The above valid for a period of **One year.**

Signature with Seal: \_\_\_\_\_

Name

  
**Medical Officer,  
Health Center, Chelva Nagar,  
Municipal Corporation, Aurangabad**

Designation

: \_\_\_\_\_

To

**Pyramid International School.****Gut No. 233, Harsul, Aurangabad.****(Name & Address of the Institution)**