



**JUNIOR SCIENTIFIC OFFICER,
DISTRICT PUBLIC HEALTH LABORATORY, NASHIK.**

Civil Hospital Campus, Trimbak Road, Nashik - 422001

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• REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER SAMPLE •

Sender's Name:- **HORIZON ACADEMY, MAKHAMALABAD.**Address :- **Makhmalabad, Nashik- 422003.**Senders Letter No. & Date :- **06-12-2024** 369/2024-25Date of Sample Collection :- **06-12-2024** Laboratory Reference No. :- **12 / 365 / 19**Date of Arrival at Laboratory :- **06-12-2024**Date of Commencing Examination:- **06-12-2024**

Sr. No.	Particulars of Water Samples	Results of Analysis (As per IS 10500:2012)			Remark
		Most Probable Number of bacteria Per 100 ml.			
		Coliforms	Thermotolerant coliforms	<i>E.coli</i>	
1	Nashik Municipal Corporation Water Supply	0	0	0	<u>Potable</u>
Receipt No :- 5146453		Fee Rs. :- 340/-			Date:- 06-12-2024
Note :- Result/ Report mentioned above is/are of sample/s submitted to this laboratory only.					

Outward No:- **5932/24**Date:- **13.12.2024**


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Appendix-XIII

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 47

Dated: 16/01/2025

It is certified that an inspection team headed by :- **Divisional Sanitary Inspector**
(Name of Officers with designation) from :- **Mr. Sanjay Darade (Dsi)**
Name of Department/ Office) inspected the:- **Solid Waste Management Dept.**
(Panchavati Div). **Horizon Academy, Makhamalabad Nashik- 422004** on

08.01.2025 checked the water test report submitted by the school and found that the school has potable drinking water for students and staff of the institution and is having provision for running water in the toilets and maintaining 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 :- **For One year**



Signature with Seal: श्री. १२

Name: Ajit Nikat

Designation: **उपायुक्त तथा संचालक**
घनकचरा व प्यापन विभाग

Name & Address of the Office: **नाशिक महानगरपालिका, पंचवटी विभाग**

To,

Horizon Academy,

Makhamalabad Nashik- 422004