## **Annexure C**

This certificate is valid till 31-03-2026

Central/ State/ U.T. Govt.

Signature with Seal: .....
Name :....

Designation

COMMUNITY HEALTH CENTRE

Name & Address of the Office VID to particular DALA

To HOLY FAMILY CONVENT PUBLIC SCHOOL, BADIAD KA, PERDALA P.O. (Name & Address of the Institution)

BADIADKA
P.O. PERDALA

Company

Date

Date

Note: The certificate is to be issued by authorized officer / PHED Lab / local bodies