

ST. PAUL HIGHER SECONDARY SCHOOL

School Code: 50052

Boundary Road, INDORE - 452 001 (M.P.) Tel.: 2492292, Jr. Sec.: 2492325. Fax: 0731-2494630 E-mail: stpaulhs@sancharnet.in, stpaulhssindore@gmail.com. www: stpaulindore.com

To,

Date - 26.02.2024

Health Officer

Stadium Zone

IMC, Indore

Sub;- Request for Safe Drinking water and sanitary Condition Certificate

Dear Sir/Madam,

This is to inform you that the school is applying for renewal of CBES school affiliation this year. It is mandatory for the school to produce a certificate of safe drinking water and sanitary condition. This certificate has to be issued by an office not below the rank of an assistant engineer of the government public health department {PHED or Authorized office of the Municipality in the given format.

The school has already obtained the water test report from PHED which we are attaching for your consideration.

You are most kindly requested to issue this certificate for the above said purpose.

With regards,

Er. Sibi Joseph

// Principal St. Paul Higher Secondary School

INDORE (M.P.)

Gray deal seport

26/44

CERTIFICATE OF ANALYSIS



Issued from:

Choksi Laboratories Limited (Building - 2 "Pasteur") Survey No. 9/1, Balaji Tulsiyana Industrial Estate, Kumedi, Off. M.R. 10 Toll Naka, Indore - 452010 (M.P.) INDIA



TC-6384

Issued to: ST.PAUL H.S.SCHOOL, INDORE

7, BOUNDRY ROAD Indore, Madhya Pradesh

India

CoA ID: Report No.: ULR No.: 01701430/23-24 01701430/23-24 (v2) TC638424000000620F

Issue date: Customer Ref(s):

26-02-2024 N/M

Customer Ref(s Customer ID:

N/M SH240021

Sample Name: DRINKING WATER

Manufacture License No:N/M
Manufacturer Name: N/M
Manufacturing Date: N/M
Reference of Letter: N/M
Date of Letter: N/M
Date of Receipt: 20-02-2024

 Sample Quantity: 2 Liter
Sealed / Unsealed: Unsealed
Packing: PLASTIC B

Packing: PLASTIC BOTTLE
Analysis Start Date: 21-02-2024
Analysis End Date: 23-02-2024
Sampling Date: N/M
Sampled By: Client
Sampling Location: N/M
Page Number: 1 of 3

Test specification as per IS 10500:2012 (Amendment-4)

Description :- Clear colorless liquid without suspended particles

Sr.No.	Characteristics	Unit	Result	Specification	MDL	Reference Method	Permissible Limits
Group: Wa	: Drinking Water						
1.	2/21	Hazen unit	Less than 1	NMT 5	N/M	IS: 3025(Part 4)-2021	NMT 15
2.	Odour	Not Applicabl e	Agreeable	Agreeable	N/M	IS: 3025(Part 5)-2018	Agreeable
3.	Taste -	Not Applicabl e	Agreeable	Agreeable	N/M	IS: 3025(Part 8)-1984	Agreeable
4.		NTU	0.2	NMT 1	N/M	IS: 3025(Part 10)-2023	NMT 5
5.	Total dissolved solids	mg/L	150	NMT 500	N/M	IS: 3025(Part 16)- 2023	NMT 2000
6,	pH value	Not Applicabl e	7.2	6.5-8.5	N/M	IS: 3025(Part 11)-2022	No relaxation
7.		mg/L	96.5	NMT 200	N/M	IS: 3025(Part 21)-2009	NMT 600
8.		mg/L	16.1	NMT 75	N/M	IS: 3025(Part 40)-1991	NMT 200
9.	Chloride, as Cl	mg/L	33.3	NMT 250	N/M	IS: 3025(Part 32)-1988	NMT 1000
10.		mg/L	3.6	NMT 200	1.0	IS: 3025(Part 24)-1986	NMT 400
11.	Nitrate, as NO3	mg/L	0.8	NMT 45	0.1	IS: 3025(Part 34)-1988	No relaxation

Reason for this version: CLL-IDR-STC-AGR-00042/23-24



IDR00336 26-02-2024 13:08:19

Authorised Signatory

IDR01250 26-02-2024 13:09:05

QA Approver

CERTIFICATE OF ANALYSIS



Issued from:

DRINKING WATER

Choksi Laboratories Limited (Building - 2 "Pasteur") Survey No. 9/1, Balaji Tulsiyana Industrial Estate, Kumedi, Off. M.R. 10 Toll Naka, Indore - 452010 (M.P.) INDIA



TC-6384

Issued to: ST.PAUL H.S.SCHOOL, INDORE

7, BOUNDRY ROAD Indore, Madhya Pradesh

Manufacture License No:N/M

Sample Name:

Date of Letter:

Date of Receipt:

Batch Number:

Batch Size:

A.R. Number:

Manufacturer Name:

Manufacturing Date:

Reference of Letter:

Expiry / Retest Date:

CoA ID: Report No.:

01701430/23-24 01701430/23-24 (v2) TC638424000000620F

ULR No.: Issue date: Customer Ref(s):

26-02-2024 N/M

Customer ID:

SH240021

Sample Quantity: Sealed / Unsealed: Packing:

2 Liter Unsealed PLASTIC BOTTLE Analysis Start Date: 21-02-2024

Analysis End Date: 23-02-2024 Sampling Date: Sampled By: Client

Sampling Location: N/M Page Number: 2 of 3

Test specification as per IS 10500:2012 (Amendment-4)

N/M

N/M

N/M

N/M

N/M

N/M

N/M

N/M

20-02-2024

Sr.No.	Characteristics	Unit	Result					
				Specification	MDL	Reference	Permissibl	
12.	Fluoride, as F	mg/L	Less than 0.1		STATE OF	Method	Limits	
				NMT 1.0	N/M	IS: 3025(Part	NMT 1.5	
13.	Phenolic Compounds, as C6H5OH	m = 0	Not Detected			60)-2008		
		mg/L		NMT 0.001	0.001	IS: 3025(Part NMT 0 43)-1992	NMT 0.002	
14.	Residual free chlorine, as CI2	-					0.002	
15	T	mg/L	Not detected	NLT 0.2	0.05	APHA 4500 CI F	A11 W -	
15.	Total Alkalinity, as CaCO3	mg/L	85.3	NMT 200			NLT 1	
					N/M	IS: 3025(Part	NMT 600	
16.	Magnesium, as Mg	mg/L	13.7			23)-1986	STOCKED MESS TOWN	
				NMT 30	N/M	IS: 3025(Part	NMT 100	
r.No.	Characterístics					46)-1994	000000000000000000000000000000000000000	

Sr.No.	Characterístics Biological	0.0				46)-1994		
Discipline		Unit	Result	Specification	MDL	Reference Method	Permissible Limits	
4icrobio	: Drinking Water logical							
	Total Coliform Bacteria	in 100 mL	Not Detected	Should not be detected	N/M	I5:15185:2016	Should not be	
2.	Escherichia coli	in 100 mL	Not Detected	Should not be	N/M	IS:15185-2016	Should not be	
		1110		detected	-		detected	

Remarks:

- 1. Test report shall not be reproduced either in part or in full, without written approval of CLL Management.
- 2. CLL does not give any opinion or interpretation of the same.
- 3. Sample not Drawn by CLL representative
- 4. Sample information as Furnished by Customer
- 5. pH value is reported as at 25 °C.
- 6. MDL Refer to Method Detection Limit
- 7. Free Residual Chlorine Limit To be applicable only when water is chlorinated.
- 8. It is recommended that the acceptable limit (specification) is to be implemented values in excess of those mentioned under

Reason for this version: CLL-IDR-STC-AGR-00042/23-24



IDR00336 26-02-2024 13:08:19

Authorised Signatory

IDR01250 26-02-2024 13:09:05

QA Approver

This document is electronically generated & does not require any signature.

CERTIFICATE OF ANALYSIS



Issued from:

Choksi Laboratories Limited (Building - 2 "Pasteur") Survey No. 9/1, Balaji Tulsiyana Industrial Estate, Kumedi, Off. M.R. 10 Toll Naka, Indore - 452010 (M.P.) INDIA



Issued to:	ST.PAUL	H.S.SCHOOL.	INDORE
		THOUSE TOUL.	TRUCKE

7, BOUNDRY ROAD Indore, Madhya Pradesh

India

Sample Name:

Batch Size:

A.R. Number:

Expiry / Retest Date:

CoA ID: Report No.: ULR No.:

01701430/23-24 01701430/23-24 (v2) TC638424000000620F

Issue date: 26-02-2024 Customer Ref(s): N/M Customer ID: SH240021

DRINKING WATER

Manufacture License No:N/M Manufacturer Name: N/M Manufacturing Date: N/M Reference of Letter: N/M Date of Letter: N/M Date of Receipt: Batch Number: N/M

20-02-2024

Sample Quantity: 2 Liter Sealed / Unsealed: Unsealed Packing: PLASTIC BOTTLE Analysis Start Date: 21-02-2024 Analysis End Date: 23-02-2024

Sampling Date: N/M Sampled By: Client Sampling Location: N/M Page Number: 3 of 3

Test specification as per IS 10500:2012 (Amendment-4)

N/M

N/M

N/M

acceptable render the water not suitable, but still may be tolerated in the absence of an alternative source but up to the limits indicated under 'permissible' limit in the absence of alternate source. , above which the source will have to be rejected.

9. Subject to terms and conditions mentioned at the end of the CoA.

Reason for this version: CLL-IDR-STC-AGR-00042/23-24



IDR00336 26-02-2024 13:08:19

Authorised Signatory

IDR01250 26-02-2024 13:09:05 .

QA Approver

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No.	Dated: 07-03-24	
It is certified that an inspection	team headed by MR. HIMANSHU GUPTA CSI	
	tion) from I M C ZONE 11 PHED	
Inspected the ST. PAUL	HR. SEC SCHOOL , 7 - BOUNDARY ROAD IND	ori
	ool) on $.05-03-24$ (date of inspection) and on the basis of	
Water Test Report (Attached)	bearing no 01701430/23-24 dated 26-02-2024	
of CHOKS! LABORATO	RIES(PHED Lab)certified that the	

St. Paul Hr. Sec. School, 7- Boundary Road, Indore has safe drinking water facilities for the students and members of staff of the institution. School is also maintains the hygienic sanitation condition in the school building & the campus as per norms prescribed by the Central/ State/ U.T. Govt.

This certificate is valid till . 06-03-25

To St. Paul Hr. Sec. School 7- Boundary Road Indore, M.P. Signature with Seal:

Name

Designation

Name & Address of the Office/Department:.....

HIMANSHU GUPTA

C.S.I

ZONE - 11

I.M.C - INDORE