## कार्यालय अनुविभागीय अधिकारी, लो०नि०विभाग अनुविभाग वारासिवनी

अध्यक्ष,

आनंद विहार शिक्षा एवं समाज कल्याण समिति, (आइडियल पब्लिक स्कूल चंदोरी, वारासिवनी) वरासिवनी, जिला बालाघाट, (म.प्र.)

विषय :--

बिल्डिंग सेफ्टी सर्टिफिकेट बाबद् ।

संदर्भ :- आपका पत्र दिनांक 29.02.2024

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उपरोक्त संदर्भ में आनंद विहार शिक्षा एवं समाज कल्याण समिति, चंदोरी वारासिवनी के पटवारी हल्का नं. 25, खसरा कं. 2/7 एवं 2/8 में निर्मित आइडियल पब्लिक स्कूल भवन के प्रथम तल का भौतिक सत्यापन किया गया, उक्त भवन में स्कूल संचालित किया जा रहा हैं, वर्ष 2024-25 सत्र हेतु भवन का फिटनेस सर्टिफिकेट प्रदाय किया जाता हैं।

सहपत्र :-एक ।

अनुविभागीय अधिकारी लोक निर्माण विभाग अनुविभाग वारासिवनी

## BUILDING SAFETY CERTIFICATE

No.

Dated...29/02/2024...

It is certified that the existing building ......IDEAL PUBLIC SCHOOL, .....(name of the building or premises ) at ......WARD NO. 08 CHANDORI IN FRONT OF JNV CAMPUS ,TAH.-WARSEONI, DIST .-BALAGHAT(M.P).... (Address) is having block(s) / floor(s) as per details below:

Details of Block (s) in school	Block (1)	Block (2)	Block (3)	Block (4)	Block (5)	Block (6)
No. of Floor(s) in the Block	Ground+Two=Three Floor(s)	-	-	-	-	-

The building is owned / occupied by ......ANAND VIHAR SIKSHA EVAM SAMAJ KALYAN SAMITI WARASEONI ......(Name of the Institution ) have complied with the Building safety requirements in accordance with National Building code Rules, and verified by the officers concerned of ...SUB -DIVISIONAL OFFICE / P. W. D .... (Name of Department / Govt ) . on ...... (date of inspection ) in the presence ......ARSHIYA QURESHI ......of (Name and Address of the Manager / Secretary or his representative )and that the building / premises is fit for occupancy for running school with effect from...29/02/2024......for a period of 3 years in accordance with rule and subject to compliance of the specific conditions as appended.

issued on ...29/02/2024...at .......WARASEONI ...... by

\*Strike out whichever is not applicable in case of block is more than six use separate sheet for details .

Signature ..... Executive Engineer Name .....P.W.D. Dn. No.

Designation .....

Name & address of department / office ....