

To,

Zonal Health Officer,
Municipal Corp. of Delhi,
Najafgarh
New Delhi - 110043.

Subject: **Issuing Of Health Certificate**

Sir,

The **Universal Public School** is run and managed by **Lokee Education Welfare Society** registered on **18th June 1990** vide No: **S/21085** under the Society Registration Act 1860. The management has applied for Provisional Affiliation with CBSE for which Health Certificate is required. The necessary documents required for this purpose is as follows:

- i) Name of the School : Universal Public School
- ii) Address of the School : G-109 , Mandir Wali Gali
Mahavir Enclave New Delhi - 110045
- iii) Number of Students :
Boys 1155
Girls 769
Total 1924
- iv) Number of Staff :
Male 11
Female 60
Total 71
- v) Number of Class-room : 67
- vi) Drinking Water facility : Delhi Jal Board
- vii) Numbers of Boys Toilets : 30
Number of Girls Toilets : 30
Number of Staff Toilets : 05
Number of Urinals for Boys : 25

viii) School Time : Summer 8.00 A.M to 2.00 P.M
Winter 8.00 A.M to 2.00 P.M

ix) Copy of Registration Certificate

x) Copy of MOA & Rules & Regulation of the Society is enclosed.

xi) Copy of Site Plan.

You are requested to issue the same at the earliest.

Thanking You,

Yours Faithfully,
For UNIVERSAL PUBLIC SCHOOL

MANAGER