

# **CERTIFICATE**

**No: 9/2026**

**Date:30/6/26**

As per the inspection/ verification done on 16/6/2026 by the health inspector of this institution, I certify that the hygienic & sanitary conditions of **ST. Alphonsa public school** situated in ward no.8 building no 69,69A Aymanam Gramapanchayath, Kudamaloor, Kottayam (dist), Kerala, is found hygienic , and following good sanitary practices on the public health point of view.

**ST. Alphonsa public school** 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 Public health act 2023

**This certificate is valid up to 1 year**

Aymanam

30/6/26

  
Health Inspector  
FHC Aymanam  
Signature with Seal





**QUALITY CONTROL SUB DISTRICT LAB**  
**KERALA WATER AUTHORITY**  
**COLLECTORATE P O, KOTTAYAM**  
Telephone No. 0481 2302391, Email- [qcsdlktm@gmail.com](mailto:qcsdlktm@gmail.com)

**TEST REPORT**

|                              |                  |
|------------------------------|------------------|
| Report No:873/QC/KTM/06/2026 | Date: 16.06.2026 |
|------------------------------|------------------|

|                                                                                  |                                                 |                   |
|----------------------------------------------------------------------------------|-------------------------------------------------|-------------------|
| Customer Name & Address                                                          | 1.Date of Receipt                               | 09/06/2026        |
| ST ALPHONSA PUBLIC SCHOOL AND<br>JUNIOR COLLEGE<br>KUDAMALLOOR P. O.<br>KOTTAYAM | 2.Sampling done by                              | CUSTOMER          |
|                                                                                  | 3.Sample Code                                   | 2026/QC/KTM/M1205 |
|                                                                                  | 4.Source of Sample                              | WELL              |
|                                                                                  | 5.Sample Quantity                               | 200ML             |
|                                                                                  | 6.Sample Condition                              | Acceptable        |
|                                                                                  | 7.Test performing date: 09.06.2026 - 12.06.2026 |                   |

**BACTERIOLOGICAL ANALYSIS**

|   | Parameters | Acceptable Limits as per<br>IS 10500-2012 | Test Method                        | Result |
|---|------------|-------------------------------------------|------------------------------------|--------|
| 1 | Coliforms  | Shall not be<br>detected/100ml            | IS 15185:2016<br>(Reaffirmed 2021) | ABSENT |
| 2 | E.coli     | Shall not be<br>detected/100ml            | IS 15185:2016<br>(Reaffirmed 2021) | ABSENT |

Test Method :

Coliforms- Membrane filtration Method

E coli- Membrane filtration Method

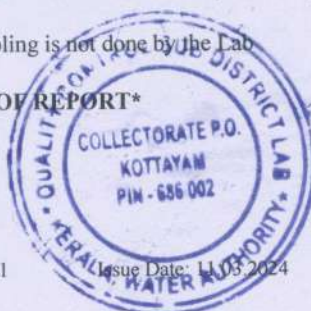
Remarks: -

NB:- The result stated above related only to the sample(s) submitted for testing. This test Certificate shall not be reproduced except in full without the written approval of the laborator

\*Samples will be retained only for 7 days after completion of analysis

\*Sampling is not done by the Lab

**\*END OF REPORT\***



Verified and Authorized By  
(Signature with Name)  
*[Signature]*  
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Rev. No.02  
Rev. Date 20.04.2026