**APPENDIX -XI** 

## **BUILDING SAFETY CERTIFICATE**

| No.107                                                                                                                                                                            | Dated: 13, 06, 2023                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Certified that the existing building KANYASHIKCHA  premises) at .VILIAGE BARGADN CBARWAN  (address) comprised of and O.1  by .GovT. KANYA SHIKSHA PARISAR  (name of the Institute | basement(s)  (upper floors) owned/occupied  BAK.W.A.M.  ution) have complied with the Building safety |
| requirements in accordance with National Building code ofP.Z.M(.M.P.) (Name of Department/ Go                                                                                     | Rules, and verified by the officers concerned                                                         |
| in the presence of .M.RMKPANAR                                                                                                                                                    | / PRINCIPAL) (name and                                                                                |
| addresses of the Manager/Secretary or his representa                                                                                                                              | tive) and that the building/premises is fit for                                                       |
| occupancy upto classesX.I.I(X/ XII) v                                                                                                                                             | with effect from 10062023 for a period                                                                |
| ofD.2 years in accordance with rule and s                                                                                                                                         |                                                                                                       |
| as appended.                                                                                                                                                                      | •                                                                                                     |
| 1.                                                                                                                                                                                | •                                                                                                     |
| 2.                                                                                                                                                                                |                                                                                                       |
| 3.                                                                                                                                                                                |                                                                                                       |
| 4.                                                                                                                                                                                |                                                                                                       |
| * Strike out whichever is not applicable.                                                                                                                                         |                                                                                                       |
|                                                                                                                                                                                   |                                                                                                       |
|                                                                                                                                                                                   | Signature with Seal: निर्माण विभाग, बङ्वानी                                                           |
|                                                                                                                                                                                   | Name :                                                                                                |
|                                                                                                                                                                                   | Designation :                                                                                         |
| Name & Address of Department/ Office:                                                                                                                                             |                                                                                                       |
| (Assistant Engineer & above officer of concerned Govt. Department only)                                                                                                           |                                                                                                       |

Note: This certificate should be signed / issued by Assistant Engineer & above officer of concerned Govt. Department only

<sup>\*</sup> The filled up certificate should be either in Hindi or English. If it is issued in vernacular language, translated notarized version in English be uploaded along with the original vernacular certificate as a single pdf.