INVOICE

DISTRICT INTEGRATED PUBLIC HEALTH LABORATORY

District Hospital, Rewari

Water Bacteriological Report

D.No:- LAB/DCH/RWR/15/2025

Date:- 03-02-2025

To,

Principal

Hari Singh Public School

Subject:-

Water sample report.

In reference to your Ref No. 02/2025 Date 31-01-2025 which you have sent water sample for bacteriological examination, the result of samples are as under:-

S.No.:-

Place of collection

Result

1

Hari Singh Public School

Fit

P.C.C: Presumptive coliforms count Sr. No 1 ightarrow 0/100ml, Satisfactory /class-2nd

CTO/TO/LY

Civil Hospital, Rewari

Saili a Kumar

Lab Incharge

Civil Hospital, Rewari