

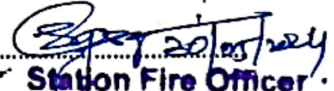
## FIRE SAFETY CERTIFICATE

Re. No. 2557/M.S.B./Goth Annamayya

Certified that the B. Gopal Reddy Secretary - BVSR Educational Society (Name of the building or premises) at Kuravapalle, Pothabolu (vil), Madanapalle - 517325, Annamayya Dist, AP. (address) comprised of One Ground floor and Two (upper floors) owned / Occupied by Global English Medium High School (name of the institution) have complied with the fire prevention and fire safety requirements in accordance with rule of state / UT Fire Service Rules, and verified by the officers concerned of fire service on 30-05-2024 (Date of inspection) in the presence of B. Gopal Reddy Secretary BVSR Educational Society D No: III-145-11-5-1-A, Prasanth Nagar, Madanapalle - 517325 (name and address of the manager / Secretary or his representative) and that the building / premises is fit for occupancy up to classes I to X Class ( X / XII) with effect from 30-05-2024 for a period of One Year ( year in accordance with rule and subject to compliance of specific conditions as appended:-

1. All the occupants must know the correct method of operation of fire fighting system.
  2. Mock drill shall be conducted once in 03 months for initial two years
  3. All security personnel shall be trained to operation of fire safety equipment
  4. <sup>during the</sup> emergency
- Issued on 30-05-2024 (date of Issue) at Madanapalle (place) by

\*Strike out whichever is not applicable.

Signature with Seal: 

Station Fire Officer.

Name: G Sivaram, State Disaster Response & Fire Service Dept

Designation : Station Fire Officer, Fire Sub-Station, MADANAPALLI

Name & Address of Department / Office

: Fire office, Near Sheshmahal Theater, Nehru Nagar, Madanapalle - 517325.

To

Global English Medium High School,  
Kuravapalle,  
Pothabolu (vil),  
Madanapalle - 517325,  
Annamayya Dist, AP.

(Name & address of the institution)

## ENDORSEMENT

The No Objection Certificate issued by Fire Service stand cancelled an annulled due to

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(reasons to be recorded).

(Name and designation of the authorized signatory)