## FIRE SAFETY CERTIFICATE

No.			Dated:
			(name of the
building	or		at
			(address) comprised
		` '	
(name of the institu	ution) have comp lle of State/ UT F	lied with the fire prevention fire Service Rules, and veri	n and fire safety requirements in ified by the officers concerned of
		•	ection) in the presence of Manager/ Secretary or his
	( X/ XII) year in acc	With effect from	for occupancy upto classes for a period of ubject to compliance of specific
1.			
2.			
3.			
4.			
Issued on		(date of issue) at	(place) by
*Strike out whichev	er is not applicab	le.	
		Signature with Se	eal:
		Name	:
		Designation	:
		Name & Address o	of Department/ Office:
То			
(Name & Address		on)	
		ENDORSEMENT	
-		-	cancelled an annulled due to
(reasons to be reco	orded).		

(Name and designation of the authorized signatory)

<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.