

## APPENDIX XII

### FIRE SAFETY CERTIFICATE

File No. 17/DFO/YDG/CC/2025

Dated: 17-06-2025

Certified that the **D DEVARAJ URS PRIMARY AND HIGH SCHOOL SAIDAPUR, AT POST SAIDAPUR, TQ YADGIRI, DIST. YADGIRI, 585221** Comprised of **BLOCK ONE – Ground floor & First Floor**, owned/occupied by **D DEVARAJ URS PRIMARY AND HIGH SCHOOL SAIDAPUR, AT POST SAIDAPUR, TQ YADGIRI, DIST. YADGIRI, 585221** (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 **09-06-2025** (date of inspection) in the presence of Principal **MR. SANTHOSH KR** and that the building/premises is fit for occupancy class I to VIII with effect from **17-06-2025** a period of **1 (one)** year in accordance with rule and subject to compliance of the specific conditions as appended:-

1. This it should be insured that the available fire safety equipment is always in good working condition.
2. Electric wiring in the entire building shall be checked and certified by the competent authority.
3. As per Hon'ble Supreme Court order all teachers and staffs shall be trained to handle safety equipment, initiate emergency evacuation and protect their students in the event of fire and other emergency and the school shall observe the fire safety day on April 14<sup>Th</sup> of every year by conducting fire safety drills with coordinate with fire service department.

Issued on **17-06-2025** at **Saidapur** by

\* Strike out whichever is not applicable.

YOUR'S FAITHFULLY,

Signature with Seal: .....

Name : .....

Designation : .....

Name & Address of Department/ Office : .....

**District Fire Officer**  
**Karnataka Fire & Emergency Service**  
**Yadgir Dist, Yadgiri-585201**

To

D DEVARAJ URS PRIMARY AND HIGH SCHOOL  
SAIDAPUR, AT POST SAIDAPUR, TQ YADGIRI,  
DIST. YADGIRI, 585221

**ENDORSEMENT**

The No Objection Certificate issued by Fire Service stand cancelled and annulled due to  
.....  
..... (reasons to be  
recorded).

(Name and designation of the authorized signatory).