

Model

PP1



**APPRECIATION CERTIFICATE  
DECLARATION OF TOBACCO FREE EDUCATIONAL INSTITUTION**

This is to certify that .....  
has fulfilled the criteria as per Government of India guidelines for Declaration of Tobacco Free Educational Institution under section 6(b) of COTPA, 2003.

**Date of Declaration:**

**Deputy Director of Health Services**



*[Signature]*  
For Director of Public Health and Preventive Medicine, Chennai-6.