

ANNEXURE "A"

Certificate No:

CERTIFICATE OF ACTIVENESS

This is to certify that Shri/Ms _____
of _____ State/District/Division is an active member of
_____ Group from _____ to till date (the period must be
inclusive of the financial year 2019-20), duly registered with the State/District
Association.

Date:

Seal and Office Stamp

**Signature
Name:
Group Leader (S&G)**

**Signature
Name:
DOC (S&G)**

**Signature
Name:
DC (S&G)**