ANNEXURE - I

		Certificate No
	CERTIFICATE OF ACTIVENESS	
This is to certify	that(name)	of
State/District/Division is an	active member of G	roup since years duly
registered with the State/Dis	trict Association.	
Date:		
(Name & Sign)	(Name & Sign)	(Name & Sign)
Group Leader (S/G)	DOC (S/G)	DC (S/G)