

District to be furnished

Details of unit visit by the district officials

List of members in the units with Name (counter signed by the Headmaster/Group Leader)

Signature of Applicant
(with Name & Date)

Signature of

Unit Leader _____

Head of the Institution _____

LA/DA Secretary _____

District Org. Commr. _____

District Commissioner (S)/(G) _____

Asst. State Org. Commr. _____

Date:

Forwarded by

District Secretary