

ALL INDIA NAVODAYA VIDYALAYA STAFF ASSOCIATION(AINVSA)

(Regd.No.K.492/94)

CENTRAL EXECUTIVE COMMITTEE

Jawahar Navodaya Vidyalaya, Post:Mamnoon, Dist:Warangal, Andhra Pradesh - 506166.

LETTER OF AUTHORISATION

I _____ (Name & Designation), being a member of **All India Navodaya Vidyalaya Staff Association** hereby authorise deduction of monthly subscription of Rs.20/- (**Rupees twenty only**) as per Bye-Laws of the **Association** from my salary and authorise its payment to **ALL INDIA NAVODAYA VIDYALAYA STAFF ASSOCIATION (AINVSA)**.

Signature _____

Name _____

Designation _____

Working at JNV _____, Dist: _____, State: _____, Pin: _____

Mobile No.

email address:

TO BE FILLED IN BY THE ASSOCIATION

It is certified that Shri/Smt _____ Designation. _____ is a member of **ALL INDIA NAVODAYA VIDYALAYA STAFF ASSOCIATION(AINVSA)**.

DATE: _____

Signature of Authorised Office Bearer

Full Name of the Signatory
(JNV Unit President / Secretary)