

**DATA OF STAFF MEMBERS SUBSCRIBING TO VARIOUS
STAFF ASSOCIATIONS OF NVS UNDER CHECK OFF SYSTEM**

REGIONAL OFFICE _____

I hereby certify that the data provided in the table given below has been verified by this Office with reference to information received from various JNVs of this Region, and found correct. Recognition to various staff associations can be considered on the basis of the following data.

Total no. of staff in the Region including all cadres of Vidyalaya & R.O. Staff	Number of staff subscribing to various staff associations under check off system				Percentage of membership under check off system to each staff association			
	AINVSA (LB Reddy Group)	AINVSA (TP Mani group)	NVSEWA Chandigarh	Others if any with complete name and address of association	AINVSA (LB Reddy group)	AINVSA (TP Mani group)	NVSEWA Chandigarh	Others if any with complete name and address of association

The above information includes information pertaining to all the Vidyalayas of this Region and the Regional Office as received in this Office.

Signature of the Deputy Commissioner
With seal, stamp and date