



ALL INDIA NAVODAYA VIDYALAYA STAFF ASSOCIATION

CENTRAL EXECUTIVE COMMITTEE

**GIRIJA BHAVAN, VADAVATHOOR PO, KOTTAYAM, KERALA,
686010.**

A.I.N.V.S.A Reg.No.K. 492/94

e-mail: tpmani1959@yahoo.co.in, kannempilly@gmail.com

MEMBERSHIP FORM

YEAR :

Paste your
Passport size
photograph here

1. Name of the Staff :
2. Designation :
3. Date of Joining : (NVS) : (Present J.N.V):
4. Name of First JNV/ office: PO
- (See Sr.No 8) (Put here name of jnv of your initial posting)
Dist.: State Pin
5. Direct/ Deputation:
6. Date of Absorption: (if applicable)
7. Date of Birth :
8. Present JNV/Office: PO
- Dist. State Pin
9. Phone/Mobile & E-Mail:
-
10. Present Region :

DECLARATION

I Working as at JNV
Solemnly affirm that I shall abide by the Rules and Regulations of the Association. A.I.N.V.S.A
I am a member of only one integrated Association. My previous membership, hereby stands cancelled.

Date: Signature of the Member
To be filled by Unit President/Secretary

The particulars furnished above have been examined and Smt/Sri.....is
enrolled as Primary Member of AINVSAUnit.

Date: Name: Signature of President/ Secretary

Office use - CEC (AINVSA)

Membership No: _____ Mr./Ms _____ is hereby accepted and endorsed as
a member of AINVSA. Signature of National President/Gen.Secretary