

CERTIFICATE OF ACTIVENESS

Certificate No.....

Date.....

This is to certify that Sri/Smt.....of
.....State/District/Division is an
active member of.....Group since last 05 (five)
years duly registered with the State/District Association.

Signature of Group Leader (Scout/Guide)

Signature of Distt. Org. Commissioner (Scout/Guide)

Name.....

Name.....

Date.....

Date.....

Rubber Stamp.....

Rubber Stamp.....

Signature of District Commissioner (Scout/Guide)

Name

Date

Rubber Stamp