



The Bharat Scouts and Guides, National Headquarters

Lakshmi Mazumdar Bhawan, 16, M.G. Marg, I.P. Estate, New Delhi- 110002.

APPLICATION FORM

1. Name of the Applicant	:	_____	Photo in Uniform
2. Father's Name	:	_____	
3. Home Address	:	_____ _____ _____	
		Distt.: _____ State: _____	
		Pin: _____ Phone: _____	
		E-mail: _____	
4. Date of Birth	:	DD/ MM / YYYY	
		In word _____	
5. Experience in Scouting / Guiding Activities:		_____ _____	
6. Experience in Adventure Activities	:	_____ _____	
7. Nearest Telephone No.	:	_____	

Recommended for admission in the National Level Trekking cum Environment Awareness Programme for Rovers and Rangers to be held at Kullu Manali (Himachal Pradesh) from 30th June to 06th July, 2017.

Risk Certificate and Medical Certificate are enclosed.

District Commissioner (S/G)

State Secretary

FOR OFFICE USE

Admitted / Not Admitted: _____

Receipt No: _____ Date: _____ Rs. _____

Date: _____

Leader of the Trekking Camp

RISK CERTIFICATE

(For Use of Applicants)

It is certified that my Son/ Daughter/ Ward Mr. / Miss _____ is joining the above mentioned Programme with my consent and the Organizer shall not be responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/ she is physically fit to undergo the said vigorous programme.

Date: _____

Signature of Parent/ Guardian

Relationship with Participant: _____

MEDICAL CERTIFICATE

Name: _____

Address: _____

Date of Birth: _____ Single / Married: _____

1. Present / Past illness: _____

2. Injuries / Operation Undergone and Present Condition: _____

3. Any known Allergy to drugs/foodstuff: _____

4. Blood Group: _____

5. Is the applicant is suffering from

(i) An Infection disease (Yes / No)

(ii) A Skin (Yes / No)

(iii) Mental disease (Yes / No)

(iv) Heart trouble (Yes / No)

(v) Any other disease / defect (Yes / No)

I, on this date _____ have Examined Mr./ Miss _____ and found him / her medically fit / unfit to undergo a Trekking Programme at Kullu, Manali (Himachal Pradesh) from 30th June to 06th July, 2017.

Date: _____

**MEDICAL OFFICER
REGD. NO. & DESIGNATION**

**COUNTER SIGNED BY
DISTRICT COMMISSIONER (S/G)**