



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: _____ Mobile & Whatsapp No: _____			
E-mail: _____ Aadhar No: _____			
4. Date of Birth	:	DD/MM /YYYY	
In word _____			
5. Experience in Scouting / Guiding Activities: _____ _____			
6. Experience in Adventure Activities : _____ _____			
7. Nearest Telephone/Mobile No. : _____			

Recommended for admission in the Regional Level Survival Hike for Rovers from 01st to 05th October, 2018 at Wayanad, Kerala State.

Risk Certificate and Medical Certificate are enclosed.

SOC (S/G)

State Secretary

FOR OFFICE USE

Admitted / Not Admitted: _____

Receipt No: _____ Date: _____ Rs. _____

Date: _____

Leader of the Event

RISK CERTIFICATE
(For Use of Applicants)

It is certified that my Son/ Ward Mr. _____ is joining the Regional level Survival Hike with my consent and the Organizer shall not be held responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he is physically fit to undergo the vigorous programme. In case of any injury/illness, all required expenses will be borne by the Parent/Gurdian.

Date:

Signature of Parent/ Guardian

Name:

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) Skin (Yes / No)

(iii) Mental disease (Yes / No)

(iv) Heart trouble/Asthama (Yes / No)

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

I, on this date _____ have Examined Mr. _____ and found him medically fit / unfit to undergo a Survival Hike to be held at Kerala State from 01st to 05th October, 2018.

Date: _____

MEDICAL OFFICER
REGD. NO.& DESIGNATION

COUNTERSIGNED BY
DISTRICT COMMISSIONER (S/G) with Seal.