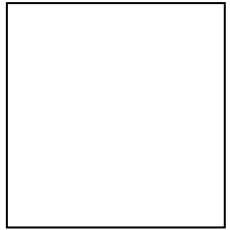


**APPLICATION FORM FOR INDIAN PARTICIPANTS  
23<sup>rd</sup> INTERNATIONAL ADVENTURE PROGRAMME  
FROM 02.02.2022 TO 08.02.2022**



1. Name of the Applicant (In Capital) : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Home Address (In Capital) : \_\_\_\_\_  
\_\_\_\_\_
4. Distt. \_\_\_\_\_ State \_\_\_\_\_ PinCode \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Telephone/Mobile No. \_\_\_\_\_ Email \_\_\_\_\_
7. Aadhar No: \_\_\_\_\_
8. Experience in Scouting /Guiding \_\_\_\_\_
9. Dates of National Adventure Programme, you have attended \_\_\_\_\_
10. Have you attended any International Event? If so, give details \_\_\_\_\_
11. Vegetarian or Non Vegetarian: \_\_\_\_\_
12. Special Hobbies or any other information: \_\_\_\_\_
13. Are you Covid Vaccinated: Yes/No. If yes, attach Vaccination Certificate. If no, produce RT PCR Negative Test Report during registration.
14. **In case of Online transfer-SBI Collect Gateway/ Online Transfer (Transaction Details) UTR Number \_\_\_\_\_ Date \_\_\_\_\_ (Copy Enclosed)**

**Signature of the Applicant**

**DECLARATION**

- I agree to adhere to the discipline of the movement and programme in particular and abide by the rules and regulations of the Institute during the whole event.
- In case of any accident, illness or injury, manmade or natural, I will not hold the National Adventure Institute of the Bharat Scouts and Guides responsible at all.
- I further declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health & physically fit to undergo the Adventure Programme.

**Signature of the Applicant**

**FOR OFFICE USE ONLY**

**Selected/Not Selected**

**Adventure Programme Officer**

**1. Reg. Fee** Rs \_\_\_\_\_ R.N. \_\_\_\_\_ Date \_\_\_\_\_

**2. Scout/ Guide/ W.Fare Fund** Rs \_\_\_\_\_ R.N. \_\_\_\_\_ Date \_\_\_\_\_

**3. Camp Fee** Rs \_\_\_\_\_ R.N. \_\_\_\_\_ Date \_\_\_\_\_

**Office Secretary**