The Bharat Scouts and Guides

National Headquarters

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

Website: www.bsgindia.org Email Id: info@bsgindia.org Phones:+91-11-23370126, 23378667

To All the State Secretaries, State Associations of The Bharat Scouts and Guides, INDIAN UNION Circular No.: 6/2021

Date : 14th Jan, 2021



SUB: NATIONAL LEVEL COVID PROTECTION CUM ENVIRONMENT AWARENESS PROGRAMME FOR ADULT LEADERS

Dear Sir/Madam.

Greetings from the Bharat Scouts and Guides, National Headquarters!

We are glad to inform you that National Level COVID Protection cum Environment Awareness Programme for Adult Leaders, will be organized by the Bharat Scouts and Guides, National Headquarters at Vaishno Devi, Katra, Jammu & Kashmir from 24th to 28th February 2021. Details of the event are as follows.

Name of the Event	:	National Level COVID Protection cum Environment Awareness Programme for Adult Leaders.
Date	:	24 th to 28 th February 2021 (05 days)
Venue	:	Base Camp - Trikuta Bhawan ,(Near CHC –Govt. Hospital) Katra, Shri Mata Vaishno Devi Shrine Board, Jammu, J & K State.
Date of Arrival	:	February 23 rd by evening or February 24 th before 0800 A.M.
Date of Departure	:	28 th February. 2021
How to reach		Trains are available up to Katra (Shri Mata Vaishno devi Katra - SVDK). Trikuta Bhawan, Karta. Shri Mata Vaishno Devi Shrine Board is located at near CHC Govt. Hospital at a distance of 1 km. from Katra Bus Stand and 2 km. from Railway Station, Katra, Jammu For further assistance please contact: Mr. Mahinder Sharma, ROC(Scouts), Northern Region Mobile No.7988549945 and State Secretary, Jammu & Kashmir State, State Headquarter, Jammu (Tele/Fax) No.0191-24922, Md. Inayatulla, DOC(S) Katra - 9906201086
Who can participate	:	Warrant holder Unit Leaders between 18 to 45 years of age and having sound health may be selected according to the quota allotted to the State. Each candidate has to submit Physical Fitness Certificate from the appropriate authority. Unfit candidate should not be selected.
Quota Allotted	:	the second secon
Camp Fee	:	Rs.1000/- inclusive of Souvenir item. Fee may please be remitted in the following Bank Account of the Bharat Scouts and Guides, National Headquarters Name of the Account Holder: THE BHARAT SCOUTS AND GUIDES Bank Name: STATE BANK OF INDIA Branch: DDA BUILDING VIKAS MINAR(04730) Account Number: 39696950961 IFSC Code: SBIN0004730 Account Type: Current Account

What to carry		2 Sets of Correct & Complete Uniform as per APRO Part-II / III, Track Suit, Sleeping Bag. Warm bedding, Ruck sack. Comfortable Sport/Trekking Shoe, Sleeping mat, Plate and Mug, Spoon, Writing Material, Note Book, First-Aid Kit, Lunch Box, Personal Medicine (if any), Warm Clothing's, toilet requisites, Water-bottle, torch and other necessary material required for the Trekking camp. A photo copy of AADHAR CARD is to be submitted at the time of registration. NB: Face Shield and Mask along with hand Sanitizer is mandatory to be carried by each participants.
Financial Assistance	:	Free boarding and lodging will be provided by the Shir Mata Valority Devi Shrine Board, Katra in collaboration with Jammu & Kashmir State Bharat Scouts & Guides. Travelling expenses is to be borne by the
Magazine Subscription	:	All participants are requested to subscribe for NHQ magazine by paying Rs 180/- for one year at the time of registration.
Risk Certificate	:	Each candidate has to submit a Risk Certificate (Enclosed) attested by the District Commissioner. Application with Risk and Medical Certificate is to be handed over during Registration along with the deputation letter of the State and COVID Negative Test Report – COVID Test report should be one week prior to arrival in the event. NOTE: Without Medical Fitness Certificate, Risk Certificate, deputation letter of the State and COVID Test Negative report
		participants will not be admitted in the Camp.
Last Date	:	List of the selected candidates should reach the Bharat Scouts and Guides, Northern Regional Headquarters, Delhi at adnr@bsgindia.org with a copy to State Secretary, BSG, and Jammu & Kashmir State at ikbharatscouts@gmail.com on or before 10.02.2021 along with the details of arrival and departure itinerary of the participating contingent. If your State is not utilizing the allotted quota, please inform us at the earliest so that additional quota may be allotted to other States.
Registration	+:	and the state Association should register in the given line
		https://bit.ly/2N91110X latest by right and physically fit candidate for the

We personally request you to please select the right and physically fit candidate for the trekking programme.

NOTE: Only post-paid mobile will be assessed in Jammu.

With profound regards,

Yours in Scouting/Guiding,

(RAJ KUMAR KAUSHIK) DIRECTOR

Encl: Application Form with Medical and Risk Certificate

Copy to:-

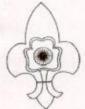
All the NHQ Office Bearers of the Bharat Scouts and Guides, National Headquarters.

Chairman/Secretary, Railway Scout and Guide Board, Rail Bhawan, New Delhi.

The Commissioner, Kendriya Vidyalaya Sangathan, 18 Institutional Area, Shahid Jeet Singh Marg, New Delhi -

4. The Commissioner, Novadaya Vidyalaya Samiti, Institutional Area, B-15, Sector - 62, Noida, Uttar Pradesh -

5. All the District Secretaries, District Association of Dammam, Riyadh, Muscat and Jamiat Youth Club with a request to take necessary action.



The Bharat Scouts and Guides, National Headquarters Lakshmi MazumdarBhawan, 16, M.G. Marg, I.P. Estate, New Delhi- 110002.

	APPLICATIO!	N FORM	
Name of the Applicant			Photo in
Father's Name			Uniform
Home Address			
	Distt.:	State:	
		Mobile & Whatsap	7.1.10
	Pin:	Aadhar No:	
	E-mail:	Addition 1.0.	
4. Date of Birth	: DD/MM/YYYY		
	In word		
5 Experience in Scoutir	ng / Guiding Activities:		
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RISK CERTIFICATE (Self Declaration) (For Use of Applicants)

Name of the Participant: MEDICAL CERTIFICATE	Name: Address: Date of Birth: 1. Present / Past illness: 2. Injuries / Operation Undergone and Present Condition:	Name of the Participant: MEDICAL CERTIFICATE ame: ddress: ate of Birth: Present / Past illness: Injuries / Operation Undergone and Present Condition: Any known Allergy to drugs/foodstuff: Blood Group: Is the applicant is suffering from (i) An Infection disease (Yes / No)	Name of the Participant: MEDICAL CERTIFICATE Name: Address: Date of Birth: I. Present / Past illness: Injuries / Operation Undergone and Present Condition: 3. Any known Allergy to drugs/foodstuff: 4. Blood Group:	
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	(iv) Heart trouble/Asthama (Yes / No)	(iii) Mental disease (1687180)	(iv) Heart trouble/Asthama (Yes / No)	
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(v) Any other disease / defect (Yes / No) I, on this date have examined Mr. / Miss and found / her medically fit / unfit to undergo a National Level Covid Protection cum Environment Awareness Program	(IV) Treate doubles resultant	(III) Wellian discuss	(iv) Near troubles (Statistical (Yes/No)	
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COUNTERSIGNED BY DISTRICT COMMISSIONER (S/G) with Seal.