



**Recommendation for appointment as
Leader Trainer (Scout Wing)**

1. Name of the State Association :
2. Name of the Candidate :
(Block letters)
3. Full Postal Address :
.....
..... Pin Code

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- E-mail ID : Phone/Mob.
UID
- Online Membership Registration – visit and register at www.scout.ind.in
4. Date of Birth :

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 Age : Years.
5. Educational Qualifications :
6. Name of the Group :
Registered from : Warrant No. Date :
7. Completed HWB in Cub/Scout/Rover :
Name of District Place
8. H.W.B. Parchment No. & Date : Parchment No. Date
9. Pre-ALT Course : Certificate No. Date
10. ALT Course : Certificate No. Date
11. LT Course : Certificate No. Date
: ALT H'be No. Date
12. Current rank in the Movement.

Passport
Size Colour
Photo
In Scout
Uniform

Date :

Signature of the Applicant

TO BE FILLED BY STATE TRAINING COMMISSIONER (S)

	Remarks
Scouting Knowledge	
Leadership Qualities	
Willingness to spare time	
Warrant Holder	

State Training Commissioner (S)

State Secretary /Jt. State Secretary

State Commissioner (Adult Resources)

State Chief Commissioner

Date :.....

FOR THE USE AT NATIONAL TRAINING CENTRE

Recommendation received on :

Recommendation for appointment :

Dy. Director Scout (Leader Training)

Chief Commissioner (Scouts)

Chief National Commissioner

Honourable Charge No. : _____ Date : _____ Issued On : _____