The Bharat Scouts & Guides

National Training Centre, Pachmarhi (M.P.)

Recommendation for appointment as Leader Trainer (Guide Wing)

Name of the State: ……

1 Name of the Candidate : ……..

2 Full Postal Address : ……

…… Pin Code: ……..

E-mail ID: …… Phone No.: ……

3 Name of Group ……..

4 Working : From ……. Warrant No. …… Date : ……

Charter No. …… Date : ……

5 Date of Birth | D | | | M | | | Y | | | | | Age : …… years.

6 General Educational Qualification :

7 Section for which proposed & area : Section …… Area ……..

8 Service in the Movement :

9 H.W.B. Parchment No. & Date (Photocopy attached) : Parchment No. ……..…….. Date …..……

10 ALT Hon'ble charge No Date (Photocopy attached) : Hon'ble Charge No. ……..…….. Date …..……

11 L.T. Training Course Certificate (Photocopy attached) : Certificate No. ……..…….. Date …..……

12 Rank / Position of the candidate in the Movement at present :

13 Does she satisfy the conditions prescribed in SOT :

(a) Ability as practical Guider
(b) Record as Warrant Holder
(c) Qualities of Leadership
(d) Willingness to spare time

14 Training courses conducted / assisted after ALT

Sl	Course	Date	Place :	No. of Can	LOC	Remarks

Date : ……

Signature of STC (G)

State Secretary **State Commissioner (G)** **State Chief Commissioner**

Date **Date** **Date**

FOR THE USE AT NATIONAL TRAINING CENTRE

Recommendation received on :

Recommendation for appointment :

Dy. Director (G) Ldr. Trg.

NATIONAL COMMISSIONER (G)

CHIEF NATIONAL COMMISSIONER

Hon'ble Charge No. : …….. & Date : …… Issued : on ……