



## APPLICATION FOR LEADER TRAINER COURSE

AADHAR Number of Participant :

(Candidates must submit the photocopy of Aadhaar Card at the time of Registration)

Name of State Association : \_\_\_\_\_

1. Full Name : \_\_\_\_\_  
(In Block Letters)

Photo

2. Full Home Address : \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Phone No. (If any) \_\_\_\_\_

Section in which you wish to attend L.T. Course : \_\_\_\_\_

3. Date of Birth : \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Days \_\_\_\_\_ Age \_\_\_\_\_

4. Name of the Unit : \_\_\_\_\_

5. Education Qualification : \_\_\_\_\_

6. Scouting Qualification : \_\_\_\_\_

**(Training Details)**

SI No.	Name of the Course	Dates		Place	Certificate No. 7 Date	Leader of the Course
		From	To			
1	Basic Course					
2	Advanced Course					
3	HWB Course					
4	Pre-ALT Course					
5	ALT Course			ALT Hon'ble Charge No. .... Date .....		
6	ROT Course					

7. Training Course Conducted / Assisted after ALT Hon'ble Chage.

SI No.	Name of the Course	Dates		Type of Course	Type of Work Done	No of Participants	Leader of the Course
		From	To				
1							
2							
3							
4							

Note : Produce Certificate issued by Competent Authority :

8. Produce Golden Arrow Cubs / Rashtrapati Scouts / Rashtrapati Rovers in unit after receiving ALT Hon'ble Charge (for LT Course).

SI No.	Name	Date of completion	Certificate No.
1			
2			
3			
4			

9. Any Special Interest / Skill

**STC (Scouts)**

**Date :** \_\_\_\_\_

**Signature of the Applicant**

**Date :** \_\_\_\_\_

Forwarded by :

**State Secretary / Jt. State Secretary**

**HWB COURSE ASSISTED CERTIFICATE**

This is to certify that Mr. / Ms. / Mrs. .... Cub  
Master / Scout Master / Rover Scout Leader of (Name of the Unit) .....  
..... has assisted full time during HWB  
Course for Unit C/S/R section was held at ..... State  
..... from ..... to .....

**Leader of the Course**

**State Training Commissioner (S)**

\*\*\*\*\* **OR** \*\*\*\*\*

**Produced Two Golden Arrow Cub**

This is to certify that Mr. / Ms. / Mrs. .... has  
produced the following :

1. Two Golden Arrow Cubs

Their names and certificates number and dates are hereunder :

1. Name ..... Cer.No. .... Date .....
2. Name ..... Cer.No. .... Date .....

**Distt. Org. Commissioner (S) / Distt. Training Commissioner (S)**

**COURSE CONDUCTED (BASIC / ADVANCED) CERTIFICATE**

This is to certify that Mr. / Ms. / Mrs. ....  
Cub Master / Scout Master / Rover Scout Leader of (Name of the Unit) .....  
..... has conducted as Leader of  
the Course as per details :

Sl	Basic / Advanced	Section	From	To	Place	State
1						
2						
3						
4						

**State Training Commissioner (S)**

Course for Leader Trainers (Scout Wing)

STEPS OF PERSONAL PROJECT

1	Name of participant	
2	State	
3	Role	
4	Project	
5	Existing circumstances in the area as the collected facts reveal	
6	What is to be achieved at the end of the project	
7	Time limits	
8	Human, material and financial etc resources available	
9	Other sources of help for the project	

10	A plan of the project	
11	Budgetary provision	
12	Detailed plan (step-wise)	
13	Conclusion	
14	Evaluation	

**Signature of Candidate**

**Recommended by State Trg. Commissioner (S).**