		M.G. Marg, I.P. Estate, New Delhi- 110	<u>, , , , , , , , , , , , , , , , , , , </u>
<u></u>	APPLIC	CATION FORM	
1. Name of the Applicant :			
BSGUID No.			
2. Father's Name	:		
3. Home Address	:		
	Distt.:	State:	
		Mobile & WhatsApp No:	
		Aadhar No:	
4. Date of Birth	: DD/MM /YYYY		
6. Experience in Adve			
7. Nearest Telephone/J	Mobile No.:		
Ĩ		Trekking cum Environment Awareness	
		er, Jabli, Ambala, Northern Railway	C
Risk Certificate and Med	cal Certificate are enclosed.		
		State Seci	retary
SOC (S/G)			
SOC (S/G)	FOR OFFI	<u>CE USE</u>	
		<u>CE USE</u>	

-

RISK CERTIFICATE (For Use of Applicants)

It is certified that my Son/ Daughter/ Ward Mr. / Miss ______ is joining the National Level Trekking cum Environment Awareness Programme with my consent and the Organizer shall not be held responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/ she is physically fit to undergo the vigorous programme. In case of any injury/illness, all required expenses will be borne by the Parent/Guardian.

Date:

Signature of Parent/ Guardian

Name:

Relationship with Participant:

MEDICAL CERTIFICATE

Name:		
Address:		
Date of Birth:	Single / Married:	
1. Present / Past illness:		
2. Injuries / Operation Undergone and	Present Condition:	
3. Any known Allergy to drugs/foodst	uff:	
4. Blood Group:		
5. Is the applicant is suffering from		
(i) An Infection disease	(Yes / No)	
(ii) Skin	(Yes / No)	
(iii) Mental disease	(Yes / No)	
(iv) Heart trouble/Asthma	(Yes / No)	
(v) Any other disease / defect	(Yes / No)	
on this date have exam	ined Mr. / Miss	and found him / her
nedically fit / unfit to undergo a National Le	evel Trekking cum Environment Awa	areness Programme from 24 th to 28 th
pril 2023 at District Training Center, Jabli, A	mbala, Northern Railway	

Date: _____

MEDICAL OFFICER REGD. NO. & DESIGNATION

COUNTER SIGNED BY DISTRICT COMMISSIONER (S/G) with Seal.