



THE BHARAT SCOUTS AND GUIDES

NATIONAL HEADQUARTERS

PROFORMA

Name of State _____

Designation: Chairperson/Vice Chairperson

1. Full Name: _____
2. Date Of Birth : ____/____/____ (DD/MM/YYYY)
(Supported By Birth Certificate)
3. Correspondence Address: _____

_____ Pincode _____
4. Email Id: _____
5. Mobile No.: (+91) _____ Whatsapp No. _____
6. Educational Qualification: _____
7. Technical Qualification, if any: _____
8. Scouting/ Guiding Qualification: _____
9. Years of Experience in the Movement: _____
10. Occupation, if any: _____
11. Hobbies: _____
12. Do you have Passport: Yes No Applied
(Please ✓)
 - a. Passport No. (if Yes) _____
 - b. Date of Issue: _____
 - c. Validity till. _____

Copy of
Passport be
enclosed

Recommended by,

(Signature of the Candidate)

(State Secretary)

(State Chief Commissioner)

Name:

Official Seal

Name:

