

THE BHARAT SCOUTS AND GUIDES, NATIONAL HEADQUARTERS

16, MAHATMA GANDHI MARG, I.P. ESTATE, NEW DELHI- 110002

REGISTRATION FORM FOR GOLDEN ARROW BADGE

Name of the State:.....



1. Name of the Cub/Bulbul

(in capital letters)

2. Father's Name.....

(in capital letters)

3. Mother's Name.....

(in capital letters)

4. Home Address:.....

Distt.....State.....PinCode.....

Contact No- Email Id of Parent-.....

5. **BSG UID No.**

B	S	G								
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6. Date of Birth (attach Birth Certificate issued by Head of Institution)

D	D	M	M	Y	Y	Y	Y
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7. Aadhar No.....

8. Name of the Unit and Address.....

(in capital letters)PIN.....

9. Date of Joining Cub/Bulbul

D	D	M	M	Y	Y	Y	Y
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10. Date of Completion of Pravesh

D	D	M	M	Y	Y	Y	Y
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11. Date of Investiture

D	D	M	M	Y	Y	Y	Y
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12. Date of Completion of Pratham Charan/Komal Pankh

D	D	M	M	Y	Y	Y	Y
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13. Date of Completion of Dwitiya Charan/Rajat Pankh

D	D	M	M	Y	Y	Y	Y
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14. Date of Completion of Tritiya Charan/Swarna Pankh

D	D	M	M	Y	Y	Y	Y
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15. (i) Chaturtha Charan/Heerak Pankh Re-testing camp held at

Venue	From	To

(ii) Date of Completion of Chaturtha Charan/Heerak Pankh

D	D	M	M	Y	Y	Y	Y
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(iii) Chaturtha Charan/Heerak Pankh Certificate No.....Date.....

16. Details of Cub/Bulbul Proficiency Badge earned (in capital letter)

SI No	Group	Name of Badge	Date of Passing	Name of Examiner
01	Character			
02	Physical Health			
03	Handicraft			
04	Service			
05	Conservation & Technology			
06	From any group			

Date.....

(Signature of Cub/Bulbul)

Certified that the information given above is correct as per the Unit records.

Date _____

Signature of Unit Leader

Name of Unit Leader _____

Scouting/Guiding Qualification _____

Warrant No. _____ Valid upto _____

Certified that all information given by the unit is correct and District Association has conducted Test of Tritiya Charan/Swarna Pankh and Proficiency Badges.

Signature

Signature

Signature

District Commissioner (S/G)

District Secretary

District Organising Commissioner(S/G)

District Association.....

Date.....

Date.....

Date.....

The above information are checked and found correct as per the records and his/her application is recommended for the Golden Arrow Award

Signature

State Organising Commissioner (Scout/Guide)

State Secretary

Date

Date

(For use at the National Headquarters / Regional Headquarters)

Date of receipt of above informationis examined and found eligible as per APRO part II/III and recommended to issue Golden Arrow Award Certificate & Badge.

Form Checked by

Signature of Asst. Director

Name:

Signature.....

Region.....

Name

Designation