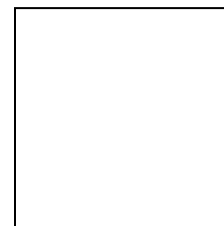


**APPLICATION FORM FOR INDIAN PARTICIPANTS  
25<sup>th</sup> INTERNATIONAL ADVENTURE PROGRAMME  
FROM 02.02.2024 TO 08.02.2024**

1. Name of the Applicant (In Capital) : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Home Address (In Capital) : \_\_\_\_\_  
\_\_\_\_\_
4. Distt. \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Telephone/Mobile No. \_\_\_\_\_ Email \_\_\_\_\_
7. Aadhar No: \_\_\_\_\_
8. Experience in Scouting /Guiding \_\_\_\_\_
9. Dates of National Adventure Programme, you have attended \_\_\_\_\_
10. Have you attended any International Event? If so, give details \_\_\_\_\_
11. Vegetarian or Non Vegetarian: \_\_\_\_\_
12. Special Hobbies or any other information: \_\_\_\_\_
13. **In case of Online transfer (Transaction Details) UTR Number**  
**\_\_\_\_\_ Date \_\_\_\_\_ (Copy Enclosed)**



**Signature of the Applicant**

**DECLARATION**

- I agree to adhere to the discipline of the movement and programme in particular and abide by the rules and regulations of the Institute during the whole event.
- In case of any accident, illness or injury, manmade or natural, I will not hold the National Adventure Institute of the Bharat Scouts and Guides responsible at all.
- I further declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health & physically fit to undergo the Adventure Programme.

**Signature of the Applicant**

**FOR OFFICE USE ONLY**

**Selected/Not Selected**

**Adventure Programme Officer**

**1. Reg. Fee** Rs \_\_\_\_\_ R.N. \_\_\_\_\_ Date \_\_\_\_\_

**2. Scout/ Guide/ W.Fare Fund** Rs \_\_\_\_\_ R.N. \_\_\_\_\_ Date \_\_\_\_\_

**3. Camp Fee** Rs \_\_\_\_\_ R.N. \_\_\_\_\_ Date \_\_\_\_\_

**Office Secretary**

## APPLICATION FORM FOR INDIAN PARTICIPANTS

25<sup>th</sup> INTERNATIONAL ADVENTURE PROGRAMME FROM 02.02.2024 TO 08.02.2024

### MEDICAL CERTIFICATE

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Single/Married \_\_\_\_\_
4. Height \_\_\_\_\_ Weight \_\_\_\_\_
5. Present/Past illness of Significance \_\_\_\_\_
6. Injuries / operations undergone and present condition \_\_\_\_\_
7. Any known allergy to drugs or food stuff \_\_\_\_\_
8. Blood Group \_\_\_\_\_
9. Is the Applicant Suffering from-
  - (i) Any Infectious disease Yes / No
  - (ii) Any Skin disease Yes / No
  - (iii) Mental disease Yes / No
  - (iv) Heart Trouble Yes / No
  - (v) Asthma Yes / No
  - (vi) Any other disease/defect Yes / No
10. I, on this date \_\_\_\_\_ have examined Mr./Miss \_\_\_\_\_ and found Him / Her medically fit/unfit to undergo an Adventure Programme in mountains.

Medical Officer  
Registration Number &  
Designation Office Seal

Date \_\_\_\_\_

### **RISK CERTIFICATE**

**(FOR USE OF APPLICANTS OF BELOW 18 YEARS OF AGE)**

It is certified that my son/daughter/ward Mr./Miss \_\_\_\_\_ is joining the above mentioned Adventure Programme with my consent and the organizer shall not be 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 said vigorous programme. He/ She will maintain Covid-19 protocols strictly.

**Signature of Parent / Guardian**

Relationship with participant \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Aadhar No: \_\_\_\_\_  
Mobile No \_\_\_\_\_