

The Bharat Scouts and Guides, National Headquarters Lakshmi Mazumdar Bhawan, 16, M.G. Marg, I.P. Estate, New Delhi- 110002.

)		APPLICA	TION	FOR	<u>M</u>					
1. Name of the Applicant	:									Phot
BSGUID No.										
2. Father's Name	:									
3. Home Address	:									
	Distt.:				State:					
	Pin:			M	obile	& Wh	atsA	pp N	lo:	
	E-mail:				_Aadl	har No	o:			
4. Date of Birth	: DD/MM /YYYY									
	In word									
Recommended for admission of the commended for the commend	it India init	ti ative , to b	e held	at Sco	ut Gu	ide D'	TC,	Reda	ımalsa	ar Purohitai
Signature of SOC (S/G)						Sig	gnatı	ire o	f State	e Secretary
	<u>FO</u>	R OFFIC	E USI	<u>E</u>						
Admitted / Not Admitted: _										
Receipt No:	D)ate:				Rs				
Date:					Lea	der of	f the	Can	np	

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 / he
edically fit / unfit to undergo a Nation .		
rogramme on fit India initiative,		
,	to be field at Scout Guide D	1C, Redamaisai Turomtan, Bikane,
ajasthan from 24-30 December, 2023.		
te:		
		MEDICAL OFFICER
		RECD NO & DESIGNATION

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