

The Bharat Scouts and Guides, National Headquarters

Lakshmi Mazumdar Bhawan, 16 M.G. Marg, I.P. Estate, New Delhi – 110002.

Passport Size Photo

<u>APPLICATION FOR PARTICIPATION IN INTERNATIONAL EVENTS</u>

Note: Fill the application form in Capital letters.

Name of State Association									
Name of the Event									
Date of Event:			Place:			Country:			
Name in full as in passport					l				
Date of Birth:	of Birth: Place of Birth			Height: Weig		nt: Age:		Married / Unmarried	
Nationality:				Educational Qualification:					
Passport Details:									
Surname				Given Nan					
Passport No: Date of		f Issue:	sue: Valid Till:			Place	e of Issue:		
Full Residential Addr	ess:						I		
State :					Pii	_ Pincode :			
		Teleph		Mobile No				Fax No	
Email ID:				- 1			1		
Name of Scout/Guide Group:									
Father's / Guardian's Name									
Income									
Occupation									
Date when joined the organisation									
Rank in the Organisation									
Experience in the Organisation									
Scout / Guide Qualification									
Training Level up to HWB/ALT/LT		T/LT							
Any other qualifications	s								
Proficiency in Languages		a) Spoken Only :							
		b) Spoken as well as written :							

Food Habits	Vegetarian:	Non-Vegetarian:					
Have you taken part in any N International Conference / Ev							
If Yes give, Details							
Any other activities, please g with attested copies of docur							
Who will bear your expenses	s?						
		(Please attach a certificate to that effect)					
		DECLARATION					
responsibility for following all event. I will share the even	I the disciplin	pose of the event for which I am applying, and (if selected) will assume e directions and for carrying out my obligations before during and after the spossible with my District and State. I will ensure that the knowledge and and stimulate further interest in the Scout/Guide programme wherever					
(Counter Signature of Parent	t/Guardian)	(Signature of the Applicant) Date:					
Strongly recommended, Sch	ool has No O	bjection in his participation in the event.					
(Signature of Head of the Ins	stitution)	(Signature of the Dist. Commissioner (S/G) Date:					
	RE	ECOMMENDATION OF THE STATE					
Recommended:							
Signature of the State Org. C	Commissioner	Signature of the State Commissioner (S/G) Date:					
	Signa	ture of the State Chief Commissioner					
Date:	lation = III · · · I	eventore along with Courties Manager of Da					
if selected and not participate		quarters along with Caution Money of Rs/- (Not refundable					
·	•	Only)					
Cash / Cheque / D.D. No							
Date:		Signature of State Secretary / Jt. State Secretary					