## Transfer of Youth / Unit Leader

Name	
BSG UID	
Transfer from	
Transfer from State (Name)	
Transfer from Group (Name)	
Transfer to	
Transfer to State(Name)	
Transfer to District(Name)	
Transfer to LA(Name) If Local Association exists	
Transfer to Group(Name)	
Transfer to Group(UID)	
Transfer to Unit Leader*	
(Name)	
Transfer to Unit Leader* (UID)	

\*Both Unit Leader and Youth have to be from same section. \*Not required for Unit Leader transfer.

I kindly request your approval to transfer my Membership as above.

Sign of Applicant

Name:

\_\_\_\_\_

## **Transferring State Association**

I hereby accept the said transfer as mentioned above.

Forwarded by Name: Designation: OYMS Coordinator

Official SEAL Recommended by Name: Designation: State Secretary

Sign of OYMS Coordinator

Signature of State Secretary

## **Accepting State Association**

I hereby accept the said transfer as mentioned above. Accepted by Name: Designation: State Secretary



Sign of OYMS Coordinator