



The Bharat Scouts and Guides, National Headquarters

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

APPLICATION FORM

Photo

1. Name of the Applicant : _____

BSGUID

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2. Father's Name : _____

3. Home Address : _____

Dist.: _____ State: _____

Pin: _____ Mobile & WhatsApp No: _____

E-mail: _____ Aadhar No: _____

4. Date of Birth : **DD/MM/YYYY**

In word _____

5. Experience in Scouting / Guiding Activities: _____

6. Experience in Adventure Activities: _____

7. Nearest Telephone/Mobile No.: _____

Recommended for admission in the National Level Disaster Preparedness & Management Training on Fire Fighting & Land Slide for Rovers/Rangers from 08th to 17th May 2024 at State Camping Centre, Bhopalpani, Dehradun, Uttarakhand

Risk Certificate and Medical Certificate are enclosed.

SOC (S/G)

State Secretary

FOR OFFICE USE

Admitted / Not Admitted: _____

Receipt No: _____ Date: _____ Rs. _____

Date: _____

Leader of the Camp

RISK CERTIFICATE
(For Use of Applicants)

It is certified that my Son/ Daughter/ Ward Mr. / Miss _____ is joining the National Level Disaster Preparedness & Management Training on Fire Fighting & Land Slide for Rovers/Rangers with my consent and the Organizer shall not be held 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 vigorous programme. In case of any injury/illness, all required expenses will be borne by the Parent/Guardian.

Date: _____

Signature of Parent/ Guardian

Name: _____

Relationship with Participant: _____

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/foodstuff: _____

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)

I, on this date _____ have examined Mr. / Miss _____ and found him / her medically fit / unfit to undergo a National Level Disaster Preparedness & Management Training on Fire Fighting & Land Slide for Rovers/Rangers/Unit Leader from 08th to 17th May 2024 at State Camping Centre, Bhopalpani, Dehradun, Uttarakhand

Date: _____

MEDICAL OFFICER
REGD. NO. & DESIGNATION

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