

## **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									
Date of Birth:	Place of Birth		Height:		Weight: Age		∖ge:	Married / Unmarried	
Nationality:				Educational Qualification:					
Passport Details:									
Surname			Given Name						
Passport No:	No: Date of		Issue: Valid Till:			Place	e of Issue:		
Full Residential Addr	ess:								
State ·		Pi				ncode :			
			none No Mobile No			Fax No			
1000									
Email ID:							•		
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									
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					