



THE BHARAT SCOUTS AND GUIDES

Creating - Better India
Since 1909

APPLICATION FORM

NAME OF THE CAMP: _____

FROM _____ TO _____ PLACE: _____

BSG UID: (ONLY FOR BSG UNIFORM MEMBERS) _____

1. Name of the Applicant (In Capital): _____

2. Father's Name: _____

3. Home Address (In Capital): _____

4. Dist. _____ State _____ Pin Code _____

5. Date of Birth DD / MM / YYYY AGE: _____ Gender: _____ Status: Single/ Married _____

6. Telephone/Mobile No. _____ E-mail _____

7. Aadhar No:

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8. Experience in BSG _____

9. Educational Qualification _____

10. Technical Qualification: _____

11. Have you attended any NYAP/NAP Event? If so, give details _____

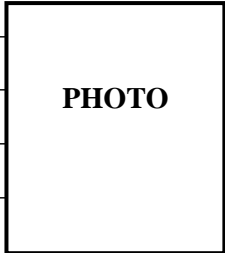
12. Have you attended any International Event? If so, give details _____

13. Food Preference: - Vegetarian or Non Vegetarian: _____

14. Special Hobbies or any other information: _____

15. Online Transfer (Transaction Details)

UTR / UPI Number _____ Date _____ (Copy Enclosed)



Signature of the Applicant

DECLARATION

- I agree to adhere to the discipline of the movement and programme in particular and abide by the rules and regulations of the Institute during the whole event.
- In case of any accident, illness or injury, manmade or natural, I will not hold the National Adventure Institute of the Bharat Scouts and Guides responsible at all.
- I further declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health & physically fit to undergo the Adventure Programme.
- Emergency Contact detail: - Name _____
- Mobile No. _____
- Relation with applicant _____

Signature of the Applicant / Parent / Guardian
(ONLY ABOVE 18+)

Leader of the Programme



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MEDICAL CERTIFICATE

1. Name _____
2. Address _____
3. Height _____ Weight _____ Blood Group _____
4. Present/Past illness of Significance _____
5. Injuries / Operations undergone and present condition _____
6. Any known allergy to drugs or food stuff _____
7. Is the Applicant Suffering from
 - I. Any Infectious disease Yes / No
 - II. Any Skin disease Yes / No
 - III. Mental disease Yes / No
 - IV. Heart Trouble Yes / No
 - V. Asthma Yes / No
 - VI. Malaria Test Yes / No
 - VII. Any other disease/defect Yes / No
8. I, on this date _____ have examined Mr./Miss _____ and found Him / Her medically fit/unfit to undergo an Adventure Programme in mountains.

Date: _____

Doctor Signature
Registration Number &
Designation Office Seal

Note : This certificate has to be signed by Registered MBBS Doctor

RISK CERTIFICATE/PARENT-CONSENT **(FOR USE OF APPLICANTS OF BELOW 18 YEARS OF AGE)**

It is certified that my son/daughter / ward Mr./ Miss _____ is joining the above mentioned Adventure Programme with my consent and the organizer shall not be 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 said vigorous programme.

Signature of Parent / Guardian

Relationship with participant _____
Name _____
Address _____
Aadhar No: _____
Mobile No _____ Date _____