

The Bharat Scouts & Guides, National Headquarters
Lakshmi Mazumdar Bhawan, 16, M.G. Marg, I.P. Estate, New Delhi- 110002.

APPLICATION FORM

1. Name of the Applicant : _____
2. Father's Name : _____
3. Home Address : _____

- Distt: _____ State: _____
- Pin: _____ Email Id: _____ Phone: _____
4. Date of Birth : _____
5. Experience in Scouting / Guiding Activities: _____

6. Experience in Adventure Activities : _____

7. Nearest Telephone No. : _____

Recommended for admission in the National Level Trekking Cum Environment Awareness Programme for to be held at Uttarakhand State from 15th to 21st October, 2016.

Risk Certificate and Medical Certificate are enclosed.

District Commissioner (S/G)

State Secretary

FOR OFFICE USE

Admitted / Not Admitted: _____

Receipt No: _____ Date: _____ Rs. _____

Date: _____

Leader of the Event

RISK CERTIFICATE

(For Use of Applicants)

It is certified that my Son/ Daughter/ Ward Mr. / Miss _____ is joining the above mentioned 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 Trekking programme.

Date:

Signature of Parent/ Guardian

Relationship with Participants: _____

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 Infectious disease (Yes / No)

(ii) Skin disease (Yes / No)

(iii) Heart trouble (Yes / No)

(iv) Asthma disease (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 Trekking/Programme at Uttarakhand State.

Date: _____

**MEDICAL OFFICER
REGD. NO. & DESIGNATION**

**COUNTERSIGNED BY
DISTRICT COMMISSIONER (S/G)**