



THE BHARAT SCOUTS AND GUIDES

NATIONAL HEADQUARTERS



41st World Scout Conference
14 – 18 August 2017, Baku

APPLICATION FOR PARTICIPATION IN 13th WORLD SCOUT YOUTH FORUM, AZERBAIJAN 2017

Participate in Youth Forum Both Youth Forum + Conference

| | |
|----------------------------------|--|
| Name of the State Association | |
| Name of the District Association | |

Participant Information:

| | | |
|------------------------|------------|---|
| Title | First Name | Surname |
| | | |
| Date of Birth | Age | Email Address |
| | | |
| Nationality | Gender | Name as to be displayed on the Name Badge |
| | | |
| Correspondence Address | | Contact Information |
| | | Country Code |
| | | STD Code |
| | | Number |
| Pincode: | | +91 |
| | | Mobile Contact |
| | | +91 |

VISA/Entry Permit Requirements for Azerbaijan

| | | |
|--|-----------------|----------------|
| Full Name (Surname, First Name) as in passport | Passport Number | |
| | | |
| Place and Country of Issue | Date of Issue | Date of Expiry |
| | | |

* Attach the photocopy of first page and last page of your passport with clear and visible image.

Additional Information about your participation in the in the 41st World Scout Conference, 2017

| | | | | | |
|-------------------|--------|--------|--------------------|------|---|
| Language Capacity | | | | | I require the assistance of the interpretation team |
| Language | Native | Fluent | Able to understand | None | |
| English | | | | | <input type="checkbox"/> English |
| French | | | | | <input type="checkbox"/> French |
| Spanish | | | | | <input type="checkbox"/> Spanish |
| Russian | | | | | <input type="checkbox"/> Arabic |
| Arabic | | | | | <input type="checkbox"/> Russian |
| | | | | | <input type="checkbox"/> Not Applicable |

✓ Please tick the above details as required by you.

Please mark any specific dietary/allergic need you have

- No dietary requirements
 Vegetarian
 Halal
 Kosher
 Other _____

Special medical requirements / needs.

| |
|--|
| |
|--|

Current position in your Organization: _____

Required any Excursion and Package Yes No

Do you want to make a hotel accommodation Yes No

| Hotel you prefer | | Room Type: |
|--|-------------------------|------------------|
| 5 Star Hotels | 4 Star Hotels | Single Occupancy |
| 3 Star Hotels | 2 Star Hotels / Hostels | Double Occupancy |
| Room Request details | | |
| Name of the Occupancy | Check-In Date | Check-Out Date |
| | | |
| Please confirm if you are sharing your room, if you select single room then tick NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Special Needs: | | |

If you are accompanying person with you for the Conference, if YES then fill their details of the accompanying person in other form. YES NO

Date: _____

Signature of the Candidate: _____

Place: _____

Name: _____

RECOMMENDATION OF THE STATE

Recommended:

Signature of State Secretary

Date: _____

Signature of State Chief Commissioner

Date: _____

Checked and forwarded to National Headquarters along with Caution Money of Rs.5000/- (Not refundable if selected and not participated).

(Rupees. Five Thousand Only)

Cash / Cheque / DD. No.: _____ Date: _____

Signature of State Secretary

Date: _____