



THE BHARAT SCOUTS AND GUIDES

NATIONAL HEADQUARTERS



APPLICATION FOR PARTICIPATION IN 41ST WORLD SCOUT CONFERENCE, AZERBAIJAN 2017

Participate as Observer Accompanying Person

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		
Pincodes:		Country Code	STD Code	Number
		+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 <input type="checkbox"/> French	
French					<input type="checkbox"/> Spanish <input type="checkbox"/> Arabic	
Spanish					<input type="checkbox"/> Russian <input type="checkbox"/> Not Applicable	
Russian						
Arabic						

✓ 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: _____