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**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  |
| Pincode:  | 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 French Spanish Arabic Russian Not Applicable |
| English |  |  |  |  |
| French |  |  |  |  |
| Spanish |  |  |  |  |
| 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  3 Star Hotels 2 Star Hotels / Hostels |  Single Occupancy  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  **YES 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 Signature of State Chief Commissioner

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_