

Form No- XXVI

SHQ No-.....

RHQ No-.....

THE BHARAT SCOUTS AND GUIDES, NATIONAL HEADQUARTERS

16, MAHATMA GANDHI MARG, I.P. ESTATE, NEW DELHI- 110002

REGISTRATION FORM FOR GOLDEN ARROW BADGE

Applicant Aadhaar Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: Attach photocopy of Aadhaar card with the application form.

Name of the State:.....



- Name of the Cub/Bulbul
(in capital letters)
- Father's Name.....
(in capital letters)
- Mother's Name.....
(in capital letters)
- Home Address:.....

District State Pin Code

Contact No- Email Id of Parent-

- Name of the Unit and Address.....
(in capital letters)

6. Date of Birth (attach Birth Certificate issued by Head of Institution) <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	7. Date of Joining Cub/Bulbul <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
8. Date of Completion of Pravesh <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	9. Date of Investiture <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										

- Date of Completion of Pratham Charan / Komal Pankh

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

- Date of Completion of Dwitiya Charan / Rajat Pankh

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

- Date of Completion of Tertiya Charan / Swarna Pankh

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

- (i) Chaturtha Charan / Heerak Pankh Re-testing camp held at

Venue	From	To

(ii) Date of Completion of Chaturtha Charan/Heerak Pankh.....

(iii) Chaturtha Charan/Heerak Pankh Certificate No..... Date.....

14. Details of Cub/Bulbul Proficiency Badge earned (in capital letter)

SI No	Group	Name of Badge	Date of Passing	Name of Examiner
01	Character			
02	Physical Health			
03	Handicraft			
04	Service			
05	Conservation & Technology			
06	From any group			

Date.....

(Signature of Cub/Bulbul)

Certified that the information given above is correct as per the Unit records.

Date _____

Signature of Unit Leader

Name of Unit Leader _____

Scouting/Guiding Qualification _____

Warrant No. _____ Valid upto _____

Certified that all information given by the unit is correct and District Association has conducted Test of Tritiya Charan/Swarna Pankh and Proficiency Badges.

Signature

Signature

Signature

District Commissioner (S/G)

District Secretary

District Organising Commissioner(S/G)

District Association

Date.....

Date.....

Date.....

The above information are checked and found correct as per the records and his/her application is recommended for the Golden Arrow Award

Signature

Signature

State Organising Commissioner (Scout/Guide)

State Secretary

Date

Date

(For use at the National Headquarters / Regional Headquarters)

Date of receipt of above information is examined and found eligible as per APRO part II/III and recommended to issue Golden Arrow Award Certificate.

From Checked by

Signature of Asst. Director

Signature.....

Name:

Name

Region

Designation

Signature of Dy. Director BP/GP