



THE BHARAT SCOUTS & GUIDES

Registration Form for Rashtrapati Rover/Ranger Award

Name of the STATE _____

PHOTO IN
UNIFORM

- Name of Rover/Ranger _____
(In Capital letters)
- Father's Name (In Capital letters) _____
- Mother's Name (In Capital letters) _____
- Date of Birth

D	D	M	M	Y	Y	Y	Y
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(Supported by Admit Card/Mark Sheet/Certificate of class X/Secondary Board Examination, attested copy of certificate should be attached)

- Home Address (In Capital letters) _____

District _____ State _____ Pin Code _____

Tel/Mob No. if any _____ Email ID _____

- Name of the Unit _____

- Address of the Unit _____

District _____ State _____ Pin Code _____

- Date of completion of Pravesh Test _____

- Date of Investiture _____

- Date of Completion of Praveen Test _____

- Date of Completion of Nipun/ Rajya Puraskar Test* _____

- Nipun/Rajya Puraskar Testing Camp held at _____

From ___/___/___ to ___/___/___

- Nipun/Rajya Puraskar Certificate No. _____ Date of Issue _____

- Details of Proficiency Badges earned for Rashtrapati Rover/Ranger Award:

Sr. No.	Name of Badge	Date of Passing	Name of the Examiner
1.			
2.			

I will produce my Individual Progress card, all relevant records, Log Book and Certificates related to Rashtrapati Award during the Testing Camp.

Date: _____

Signature of Rover/Ranger

Name _____

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 the information given above is correct as per the District Records.

Date: _____

Signature of District Organising Commissioner (S)/(G)

Date: _____

Signature of District Secretary/Joint Secretary
Scouting/Guiding District _____

The above information checked and found correct as per the Records.

Date: _____

Signature of State Organising Commissioner (S)/(G)

Date: _____

Signature of State Secretary/ Joint Secretary

NB: * Candidates, who follows the new syllabus as per amendments on 30th November, 2014.

FOR USE AT NATIONAL/REGIONAL HEADQUARTERS

Date of Receipt of above Information _____

Remarks _____

Checked by (Name) _____ Designation _____

Signature _____

Countersigned by AD _____

Signature of Deputy Director (BP/GP)