

**The Bharat Scouts & Guides, National Headquarters**  
**Lakshmi Mazumdar Bhawan, 16, M.G. Marg, I.P. Estate, New Delhi- 110002.**

**APPLICATION FORM**

1. Name of the Applicant : \_\_\_\_\_  
2. Father's Name : \_\_\_\_\_  
3. Home Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Distt: \_\_\_\_\_ State: \_\_\_\_\_  
Pin: \_\_\_\_\_ Phone: \_\_\_\_\_  
4. Date of Birth : \_\_\_\_\_  
5. Experience in Scouting / Guiding Activities: \_\_\_\_\_  
\_\_\_\_\_  
6. Experience in Adventure Activities : \_\_\_\_\_  
\_\_\_\_\_  
7. Nearest Telephone No. : \_\_\_\_\_

Recommended for admission in the National Level Environment Awareness & Coastal Trekking Programme to be held at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ 2015.  
Risk Certificate and Medical Certificate are enclosed.

District Commissioner (S/G)

State Secretary

**FOR OFFICE USE**

Admitted / Not Admitted: \_\_\_\_\_

Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_ Rs. \_\_\_\_\_

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

**Leader of the Meet**

**RISK CERTIFICATE**

**(For Use of Applicants)**

It is certified that my Son/ Daughter/ Ward Mr. / Miss \_\_\_\_\_ is joining the above mentioned Programme with my consent and the Organizer shall not be responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/ she is physically fit to undergo the vigorous of the said programme.

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

Signature of Parent/ Guardian

Relationship with Participants: \_\_\_\_\_

**MEDICAL CERTIFICATE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Single / Married: \_\_\_\_\_

1. Present / Past illness : \_\_\_\_\_

2. Injuries / Operation Undergone and Present Condition: \_\_\_\_\_

3. Any known Allergy to drugs/foodstuff: \_\_\_\_\_

4. Blood Group: \_\_\_\_\_

5. Is the applicant is suffering from

(i) An Infection disease (Yes / No)

(ii) A Skin (Yes / No)

(iii) Mental disease (Yes / No)

(iv) Heart trouble (Yes / No)

(v) Any other disease / defect (Yes / No)

I, on this Date \_\_\_\_\_ have Examined Mr/ Miss \_\_\_\_\_ and found him / her medically fit / unfit to undergo a Trekking/Adventurous Programme at Kanhangad, Kerala State.

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

**MEDICAL OFFICER  
REGD. NO. & DESIGNATION**

**COUNTERSIGNED BY  
DISTRICT COMMISSIONER (S/G)**