

भारत स्काउट एवं गाइड, मध्यप्रदेश, राज्य मुख्यालय,
शांति मार्ग, श्यामला हिल्स, भोपाल - 17

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क्र० / 2886 / रा०मु० / युवा कार्यक्रम / 2017-18
प्रति,

भोपाल, दिनांक 26/9 / 2017
// स्मरण पत्र //

1. जिला शिक्षा अधिकारी / सहायक आयुक्त, आदिवासी विकास पदेन जिला मुख्य आयुक्त जिला.....(म०प्र०)।
2. सहायक राज्य संगठन आयुक्त (स्काउट / गाइड) भारत स्काउट एवं गाइड मध्यप्रदेश संभागीय कार्यालय(म०प्र०)।

विषय :-

सन्दर्भ :-

1. राष्ट्रीय स्तरीय प्रोजेक्ट कार्यक्रमों का विवरण भेजने बाबत ।
1. राष्ट्रीय मुख्यालय नई दिल्ली का पत्र क्र० / 149 / 2016 दि० 19 / 12 / 2016
2. इस कार्यालय का पत्र क्र० / 2954-55 / रामु / गति / 2016-17 भोपाल, दि० 8 / 9 / 2016
3. इस कार्यालय का पत्र क्र० / 5179-80 / रामु / गति / 2016-17 भोपाल, दि० 11 / 1 / 2017

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माननीय प्रधानमंत्री जी के निर्देशानुसार भारत स्काउट एवं गाइड राष्ट्रीय मुख्यालय नई दिल्ली द्वारा निम्न कार्यक्रमों के आयोजन एवं प्रचार-प्रसार करने का दायित्व लिया गया है । जिसकी जानकारी राष्ट्रीय मुख्यालय द्वारा प्रधानमंत्री कार्यालय को प्रेषित किया जाना है । आपको बार बार निर्देशित किया जाता रहा है कि इन प्रोजेक्ट कार्यक्रमों का आयोजन कर निर्धारित प्रपत्र में प्रतिवेदन भेजे । किन्तु अत्यन्त खेद के साथ लिखा पड़ रहा है कि निर्धारित प्रपत्र में प्रतिवेदन प्रेषित नहीं किया जा रहा है । राष्ट्रीय मुख्यालय द्वारा निर्धारित प्रपत्र में ही जानकारी प्रतिमाह नियमित रूप से 10 तारीख तक मांगी जा रही है । जिससे संकलित जानकारी प्रधानमंत्री कार्यालय को भेजी जा सके ।

अतः निर्देशित किया जाता है कि दलों के विजिट के समय यूनिट लीडर से सम्पर्क कर निम्न कार्यक्रमों के आयोजन हेतु प्रोत्साहित करें । कार्यक्रम समाप्ति पश्चात संलग्न निर्धारित प्रपत्र में यूनिट लीडर से जानकारी प्राप्त कर कर प्रतिमाह नियमित रूप 1 तारीख तक राज्य मुख्यालय भोपाल को प्रेषित करें ताकि संकलित जानकारी उच्च कार्यालय को समय सीमा में भेजी जा सके ।

1. स्वच्छ भारत अभियान :- प्रपत्र-1 एवं 2
2. खुले में शौच से मुक्त / शौचालय निर्माण की जानकारी :- प्रपत्र-3
3. जल संरक्षण चेतना रैली, सम्पर्क का प्रकार :- प्रपत्र-4
4. मिशन इन्द्रधनुष रैली / सम्पर्क / प्रचार-प्रसार / सेवाकार्य विवरण :- प्रपत्र-5
5. वृक्षारोपण कार्यक्रम :- प्रपत्र-6
6. तालाब व तटबंधों का संरक्षण :- प्रपत्र-7

राज्य सचिव

भारत स्काउट एवं गाइड मध्यप्रदेश
भोपाल, दिनांक 26/9 / 2017

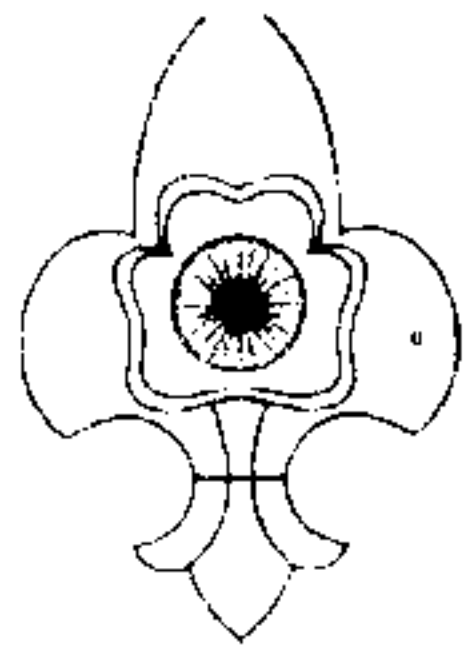
पृ०क्र० / 2887 / रा०मु० / युवा कार्यक्रम / 2017-18

प्रतिलिपि :-

1. सूचनार्थ एवं कार्यवाही हेतु-
- 1 संचालक, भारत स्काउट एवं गाइड राष्ट्रीय मुख्यालय नईदिल्ली ।
- 2 सहायक संचालक (प०क्ष०) पश्चिम क्षेत्रीय मुख्यालय गदपुरी (हरियाणा)
- 3 संयुक्त संचालक, लोक शिक्षण संभाग
- 4 संभा०उपायुक्त, अनुसूचित जाति एवं आदिवासी विकास संभाग
- 5 जिला सचिव / डी०ओसी० / डी०ओ०सी० / प्रशिक्षक

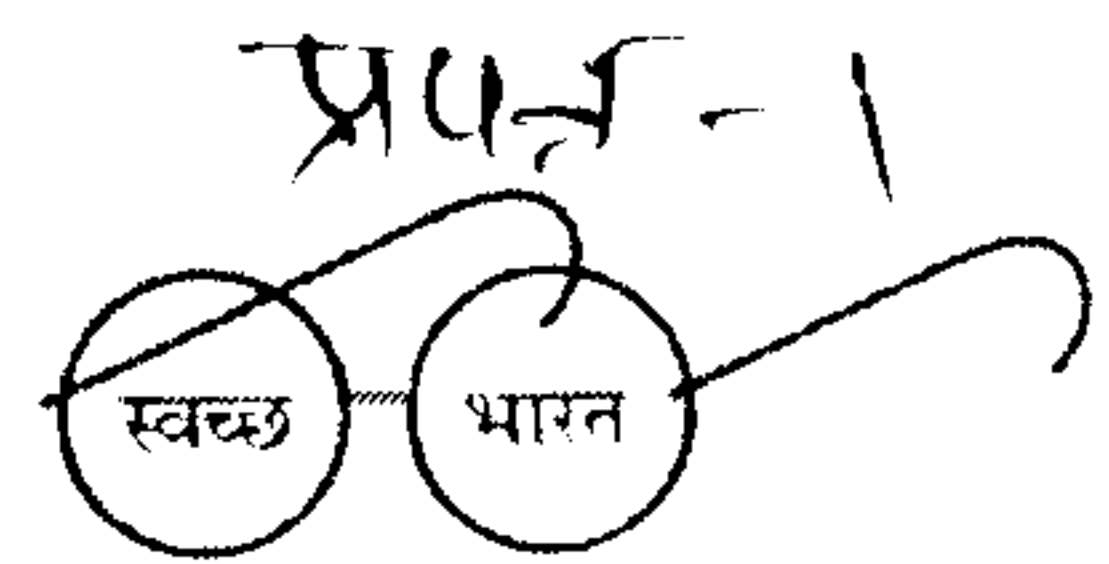
राज्य सचिव

भारत स्काउट एवं गाइड मध्यप्रदेश



The Bharat Scouts and Guides

Swachh Bharat Mission



Proforma 1.1 Cleaning of Schools/Colleges/Hospitals/Public Statues/Public Places

Name of the State:

Name of the District:

Unit Name and Address:

 Pincode:

Details of the Activity Leader

Name :	
Mobile No:	Whatsapp No:
Tel. No.:	
E-Mail ID:	

- Mission undertaken under Cleaning activity
- Cleaning of Schools / Colleges
 - Cleaning of Hospitals
 - Cleaning of Public Statues
 - Cleaning of public places such as Railway Station, Bus Station, Bazar Place etc.

Mission – I : Cleaning of Schools/Colleges

1. Name of the School / College your unit has done the Cleaning activity.

2. Address of the School / College in which cleaning has been done.

Address:	
Taluk:	District:
State:	Pincode:
Tel. No.	E-Mail ID:

3. Type of School / College Government Government Aided Private
4. Area of the School / College Sq. Ft.
5. Type of Cleaning Done Removal of Waste materials Re-Painting Sanitation Gardening
6. No. of Volunteers in Service activity Scout Members Non-Scouts
7. Activity done with Scout Grant Self Grant Donations CSR Funds
8. Expenses Occurred on the Activity INR.
9. Date of Activity Started From To
10. No of Hours Served per day by per volunteer Hrs x No. of Members x No. of Days
- Total Service hours of the Cleaning activity
11. Attachment of Photographs Yes No (No of Photographs attached)

Mission – II : Cleaning of Hospitals

1. Name of the Hospital your unit has done the Cleaning activity.

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2. Address of the Hospital in which cleaning has been done.

Address:	
Taluk:	District:
State:	Pincode:
Tel. No.	E-Mail ID:

3. Type of Hospital Government Private

4. Area of the Hospital Sq. Ft.

5. Type of Cleaning Done Removal of Waste materials Re-Painting Sanitation
 Gardening Cleaning Patients Wards Prevention of Mosquitoes / Flies / Insects etc.

6. No. of Volunteers in Service activity Scout Members Non-Scouts

7. Activity done with Scout Grant Self Grant Donations CSR Funds

8. Expenses Occurred on the Activity INR.

9. Date of Activity Started From To

10. No of Hours Served per day by per volunteer Hrs x No. of Members x No. of Days

Total Service hours of the Cleaning activity

11. Attachment of Photographs Yes No (No of Photographs attached)

12. List of Participants in service activity to be attached compulsory (fill Annexure – I) Yes No

Mission – III : Cleaning of Public Statues

1. Name of the Statue

2. Locality of the Statue

3. Area of the Statue Sq. Ft.

4. Size of the Statue Height in feet Width in feet.

5. Type of Cleaning Done Removal of Waste materials Repainting Gardening

6. No. of Volunteers in Service activity Scout Members Non-Scouts

7. Activity done with Scout Grant Self Grant Donations CSR Funds

8. Expenses Occurred on the Activity INR.

9. Date of Activity Started From To

10. No of Hours Served per day by per volunteer Hrs x No. of Members x No. of Days

Total Service hours of the Cleaning activity

11. Attachment of Photographs Yes No (No of Photographs attached)

12. List of Participants in service activity to be attached compulsory (fill Annexure – I) Yes No

Mission – IV : Cleaning of public places such as Railway Station, Bus Station, Bazar Place etc.

1. Name of the Place
2. Locality of the Cleaning done
3. Type of Cleaning Done
4. No. of Volunteers in Service activity Scout Members Non-Scouts
5. Activity done with Scout Grant Self Grant Donations CSR Funds
6. Expenses Occurred on the Activity INR.
7. Date of Activity Started From To
8. No of Hours Served per day by per volunteer Hrs x No. of Members x No. of Days
Total Service hours of the Cleaning activity
9. Attachment of Photographs Yes No (No of Photographs attached)
10. List of Participants in service activity to be attached compulsory (fill Annexure – I) Yes No

c) Output of Defecation free Work after three months in the area/ Village: _____

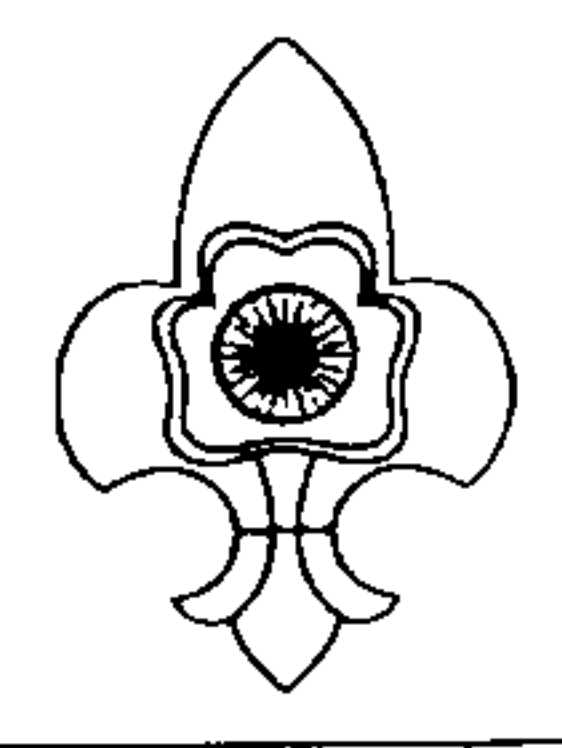
Sr. No.	Name of Village made open defecation free	District	Name of Unit	Work area in Village (Location) If Ganga River available give details of river side defecation free efforts

No of Hours Served per day by per volunteer Hrs x No. of Members x No. of Days = Total Service hours of the Cleaning activity

Attachment of Photographs Yes No (No of Photographs attached)

List of Participants in service activity to be attached compulsory (fill Annexure – I) Yes No

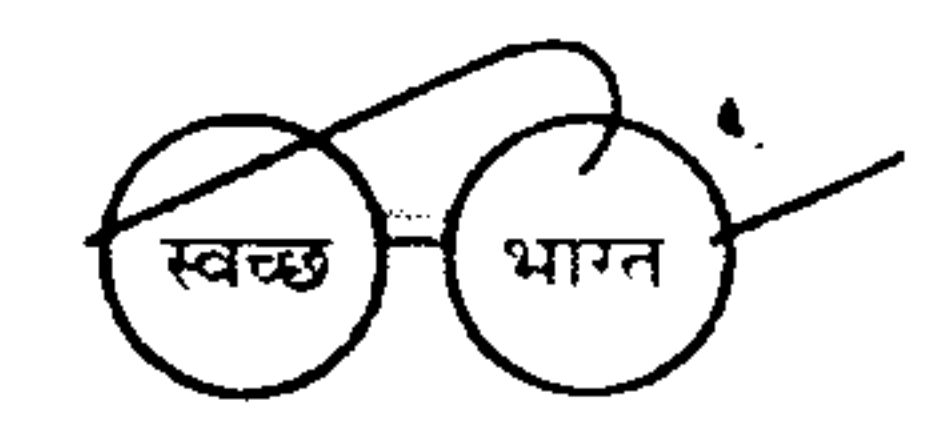
गुप्त-4



The Bharat Scouts and Guides

Water Conservation

Proforma 2.1 Awareness Programmes on Water Conservation



State		District	
Unit Name		Activity Leader Name	
Unit Address		Mobile No	
		Whatsapp No	
		Tel. No.	
Pincode		E-Mail ID	

Details of the Awareness Activity on Water Conservation:

Si. No.	Type of Awareness Programme	Date	Service Hours	Address of Service Place	No. of Member Participants					No. of Public participants	Name of supp Departme
					S	G	Ro	Ra	UL		

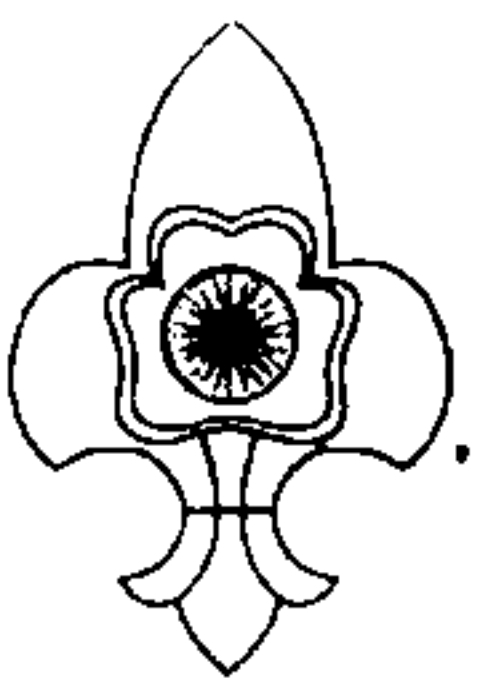
Note: 1. This activity is to be conducted from Ridge to Valley i.e. from Top to Bottom.

2. Appropriate guidance may be sought from the officers of Water Conservation and Agriculture Department at district level.

No of Hours Served per day by per volunteer Hrs x No. of Members x No. of Days = Total Service hours of the Cleaning activity

Attachment of Photographs Yes No (No of Photographs attached)

List of Participants in service activity to be attached compulsory (fill Annexure - I) Yes No



The Bharat Scouts and Guides

Proforma 2.2 : Creation/ Maintenance of Water Areas/ Water Bodies

Type of Activity undertaken Creation of New Maintenance Repairs
 Improvement

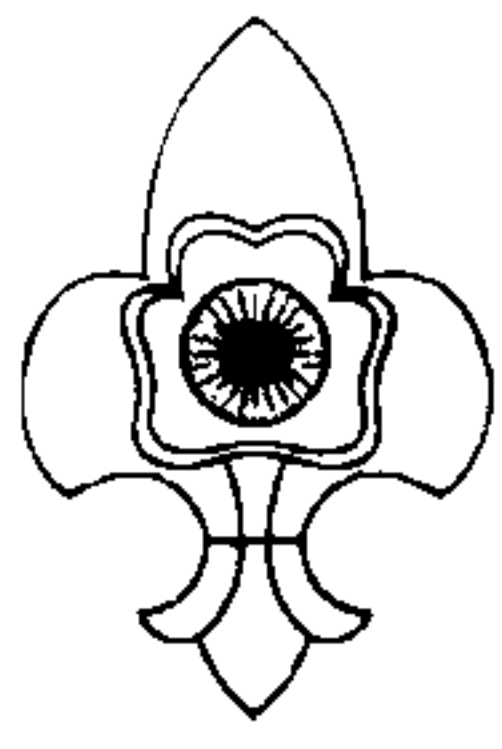
1. No. of Water Bodies created or Repaired _____
2. Type of Water Bodies _____
3. Place where created _____
4. Give Complete Postal Address: _____
_____ Pincode: _____
5. Name of the Head of the Team: _____
6. Contact Number: _____
7. E-mail ID: _____
8. No. of Scouts/Guides/Rovers/Rangers involved in Service: _____
(Enclose name list)
9. Whether Public Participation: Yes/No.
10. If yes, Enclose list of Public Persons: _____
11. No. of man-hours devoted: _____
12. Whether the Programme was sponsored or not: _____
13. If yes, in which way the sponsorship was obtained: _____
14. Involvement of Government Department: Yes/No.
15. If yes, give the details of the Govt. Department/Office: _____

16. Give name of the Head of the Govt. Department/Office: _____

Note: 1. Scouts and Guides, Rovers and Rangers can construct the village Tanks with the help of villagers.

2. The work of desilting of village tanks and minor irrigation tanks can be taken up by Scouts and Guides, Rovers and Rangers in consultation and under the guidance of the officers of the concerned department.

Signature of the Leader



युस-6

The Bharat Scouts and Guides

Proforma 3: PLANTATION OF SAPLINGS

NAME OF STATE: _____

NAME OF UNIT _____ DISTRICT _____

ADDRESS OF THE UNIT: _____

NAME OF THE PROJECT LEADER: _____

CONTACT DETAILS: Mob. No. _____ Email ID: _____

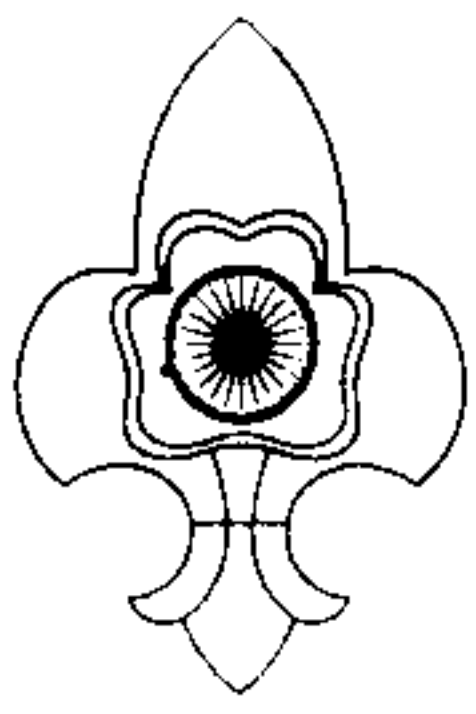
REPORT FOR THE MONTH OF _____

Sr. No.	Particulars	Remarks
1.	Date of Plantation	
2.	Area of Plantation (Address where plantation took place)	
3.	Nos. of Saplings Planted	
4.	No. of Scouts/Guides/Rovers/Rangers/Unit Leaders involved (List of Participants enclosed)	
5.	No. of Local People involved (non-Scouts)	
6.	Brief Report with Photographs, Paper Cuttings etc.	

Note: 1. Help and prepare guidance of the officers of social Forestry and Forest Department can be taken.

2. Block plantation wherever necessary can also be taken.

Signature of the Project Leader



2017-5

The Bharat Scouts & Guides

Support to "Indradhanus" Immunization Initiative



**Be Wise!
Get your child
fully immunized**

1. Name of State: _____

2. Name of District: _____

3. Name of Unit: _____

4. Address of Unit: _____

5. No. of Participants:

Scouts	<input type="text"/>	Guides	<input type="text"/>	Rover	<input type="text"/>
Rangers	<input type="text"/>	Adult Leaders	<input type="text"/>	Others	<input type="text"/>

6. Date of Immunization Programme. _____

7. Immunization through vaccination done on:

a. No. of children (below two years): _____ b. No of pregnant women: _____

8. Place/Area taken for Immunization Programme _____

9. Immunization given for (please tick "✓")

Diphtheria	<input type="checkbox"/>	Pertussis (Whooping Cough)	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Polio	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>
		Measles	<input type="checkbox"/>

10. Name of Voluntary Organisation participated (if any) _____

11. Name of the Medical team worked with: _____

12. Leader of the Programme: _____

13. Brief Details of the Project: _____

Note: This programme is to be implemented with the guidance from the doctors either from the Health Department or private practitioners.

Signature of the Leader

