

Mission – II : Cleaning of Hospitals

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

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

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| 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
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