



THE NATIONAL ADVENTURE INSTITUTE BHARAT SCOUTS & GUIDES  
PACHMARHI (M.P.) - 461881.



PHONE & FAX NO. 07578 - 252350 (O)

E. Mail: [bsgnai@yahoo.com](mailto:bsgnai@yahoo.com)

**APPLICATION FORM**  
FOR \_\_\_\_\_ ADVENTURE LEADERS COURSE  
FROM \_\_\_\_\_ TO \_\_\_\_\_

1. Name of the Applicant (In Capital) : \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Home Address (In Capital): \_\_\_\_\_
- Dist. \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_
4. Telephone/Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Age in years \_\_\_\_\_
6. Experience in Scouting /Guiding \_\_\_\_\_
7. Experience in Adventure Activities \_\_\_\_\_
8. Special Hobbies or any other information : \_\_\_\_\_
9. Number and date of the draft drawn on State Bank of India, Pachmarhi (M.P.) Code 1046 in favour of "The National Adventure Institute of Bharat Scouts and Guides" for an amount of RS: \_\_\_\_\_ being the non-refundable fee D.D. No. \_\_\_\_\_ dated \_\_\_\_\_ enclosed.



Signature of the Applicant

**DECLARATION**

I agree to adhere to the discipline of the movement and programme in particular and abide by the rules and regulations of the Institute during the whole event.

In case of any accident, illness or injury, I will not hold the National Adventure Institute of Bharat Scouts & Guides responsible at all.

I further declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health & physically fit to undergo the Adventure Programme.

Signature of the Applicant

For office use

Selected/Not Selected

Programme In charge

Reg. Fee Rs \_\_\_\_\_

R.N. \_\_\_\_\_

Date \_\_\_\_\_

Camp Fee Rs \_\_\_\_\_

R.N. \_\_\_\_\_

Date \_\_\_\_\_

Booking SL NO. \_\_\_\_\_

Camp NO. \_\_\_\_\_

Signature



**MEDICAL CERTIFICATE**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

1. Present/Past illness of Significance \_\_\_\_\_

2. Injuries / operations undergone and present condition \_\_\_\_\_

3. Any known allergy to drugs or food stuff \_\_\_\_\_

4. Blood Group No. \_\_\_\_\_

5. Is the Applicant Suffering from

- |       |                          |        |
|-------|--------------------------|--------|
| (i)   | Any Infectious disease   | Yes/No |
| (ii)  | Any Skin disease         | Yes/No |
| (iii) | Mental disease           | Yes/No |
| (iv)  | Heart Trouble            | Yes/No |
| (v)   | Asthmatic                | Yes/No |
| (vi)  | Any Other Disease/defect | Yes/No |

6. I, on this date \_\_\_\_\_ have examined Mr./Miss \_\_\_\_\_ and found Him/her medically fit/unfit to undergo an Adventure Programme.

Medical Officer  
Registration Number & Designation \_\_\_\_\_

Date \_\_\_\_\_ Office Seal \_\_\_\_\_

**RISK CERTIFICATE**  
(FOR USE OF APPLICANTS OF BELOW 18 YEARS OF AGE)

It is certified that my son/daughter / ward Mr./Miss \_\_\_\_\_ is joining the above mentioned Adventure 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 said rigorous programme.

Signature of Parent/Guardian \_\_\_\_\_

Relationship with participant \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_