



THE BHARAT SCOUTS AND GUIDES NATIONAL YOUTH ADVENTURE INSTITUTE

National Youth Complex, Gadpuri, Palwal, Haryana

E-mail:- nyc@bsgindia.org



APPLICATION FORM

FOR NATIONAL YOUTH ADVENTURE PROGRAMME AT

FROM TO.....

1. Aadhar Number :-
2. Name of the Applicant (In Capital) :
03. Father's Name:
04. Home Address (In Capital)
-
- District State Pin Code
05. Telephone/Mobile No.E-mail.....
06. Date of Birth.....Age in years.....
7. Experience in Scouting /Guiding
8. Experience in Adventure Activities
9. Special Hobbies or any other information:
10. Payment Details :-
 - > Mode of Transaction (Online Transactions/IMPS/NEFT/DD/Other) -
 - > Transaction Number -
 - > Submitted Amount -
 - > Date of Transaction -



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, manmade or natural, 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

Reg. Fee Rs. R.N.Date.

Camp Fee Rs. R.N.Date.

Assistant Director (NYAI)

Office Secretary



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MEDICAL CERTIFICATE

Name :-

Address :-

Date of Birth :- Single/Married

Telephone/Mobile No. E-mail

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

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) Asthma | Yes/No |
| (vi) Any other Disease/Defect | Yes/No |

I, on this date have examined Mr./Miss and found him/her
Medically fit/unfit to undergo an Adventure Programme in mountains.

Medical Officer
Registration Number & Designation
Office Seal

Date: -

RISK CERTIFICATE

(FOR USE OF APPLICANT 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 Adventure programme.

Signature of Parent / Guardian

Relationship with participant: -

Name: -

Address: -

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Mobile No: -

E-mail:-

Date :-