

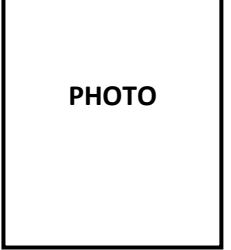


APPLICATION FORM

FOR _____ NATIONAL ADVENTURE PROGRAMME
FROM _____ TO _____

- Name of the Applicant (In Capital) : _____
- Father's Name: _____
- Home Address (In Capital): _____

- Distt. _____ State _____ Pin Code _____
- Date of Birth _____ Single/ Married _____
- Telephone/Mobile No. _____ E-mail _____
- Aadhar No: _____
- Experience in Scouting /Guiding _____
- Dates of National Adventure Programme, you have attended _____
- Have you attended any International Event? If so, give details _____
- Vegetarian or Non Vegetarian: _____
- Special Hobbies or any other information: _____
- In case of SBI COLLECT GATEWAY / Online Transfer (Transaction Details) UTR Number _____ Date _____ (Copy Enclosed)



PHOTO

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 the Bharat Scouts and 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 ONLY

Selected / Not Selected _____

Assistant Director

- | | | | |
|-----------------------------|----------|------------|------------|
| 1. Advance for Booking | Rs _____ | R.N. _____ | Date _____ |
| 2. Scout Guide Welfare Fund | Rs _____ | R.N. _____ | Date _____ |
| 3. Participation Charges | Rs _____ | R.N. _____ | Date _____ |

Signature of the Office Secretary



MEDICAL CERTIFICATE

1. Name _____
2. Address _____
3. Height _____ Weight _____ Blood Group _____
4. Covid-19 Negative Test Report Certificate attached herewith _____
5. Vaccination Certificate attached here with _____
6. Present/Past illness of Significance _____
7. Injuries / Operations undergone and present condition _____
8. Any known allergy to drugs or food stuff _____
9. 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) Malaria Test Yes / No
 - (vi) Any other disease/defect Yes / No
10. 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/PARENT-CONSENT

(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 vigorous programme.

Signature of Parent / Guardian

Relationship with participant _____

Name _____

Address _____

Aadhar No: _____

Mobile No _____ Date _____