



Rajasthan State Bharat Scouts and Guides

State Training & Adventure Center , Mount Abu. - 307501

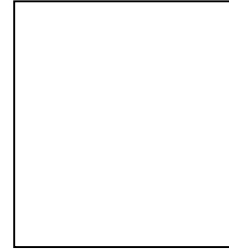
Website : www.rajscoutguide.org Email Id: rajscoutguide@rediffmail.com Ph. 8233569676

Application Form

FORM _____ TO _____

- 1) Name of the Applicant (In Capital) _____
- 2) Father's Name _____
- 3) Mother's Name _____
- 4) Home Address (In Capital) _____

 Distt. _____ State _____ Pin Code _____
- 5) Mobile No. _____ E-Mail _____
- 6) Date of Birth _____ Age in Years _____ Aadhar no. _____
- 7) College/School/ Group Name _____
- 8) Experience in Scouting/Guiding _____
- 9) Experience in Adventure Activity _____
- 10) Special Hobbies or any other information _____
- 11) Number and date of the draft C.O. (Scout) Rajasthan Rajya Bharat Scout & Guides
 Mount Abu 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 the rules and regulations of the Institute during the whole event.

In case of any accident, illness or injury, I will not hold the State Adventure Rajasthan Rajya Bharat Scout & Guides responsible at all.

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

Signature of the Applicant

For Office Use

Selected / Not selected

Programme Incharge

Reg. Fee Rs. _____ R.N. _____ Date _____

Dev. Fee & Camp Fee Rs. _____ R.N. _____ Date _____

Booking SL No. _____ Camp No. _____

Signature



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MEDICAL CERTIFICATE

Name _____

Address _____

Date of Birth _____ Single / Married _____

1) Present / Past illness _____

2) Injuries/operations undergone and present condition _____

3) Any known allergy to drugs of 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) Asthma Yes / No

(vi) Any other disease / problem Yes / No

6) I, on this date _____ have examined Mr. / Miss / Mrs. _____

and found him / her medically fit / unfit to undergo an Adventure Programme.

Medical Officer

Date _____

Registration Number & Designation

RISK CERTIFICATE

It is certified that my son / daughter / ward Mr. / Miss _____ is joining the above mentioned Adventure Programme with my consent and the Institute 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 above said Adventure programme.

Place : _____

Signature of Parent / Guardian

Date : _____

Relationship with participant _____

Name _____

Address _____