THE BHARAT SCOUTS AND GUIDES
भारत स्काउट्स एवं गाइड्स
NATIONAL ADVENTURE INSTITUTE
राष्ट्रीय साहसिक संस्थान
Pachmarhi, Madhya Pradesh-461881 पचमढ़ी, मध्य प्रदेश–461881
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President :
DR. ANIL KUMAR JAIN, M.P. (Rajya Sabha)
डॉ. अनिल कुमार जैन, सांसद (राज्य सभा)
Chief National Commissioner :
Dr. K. K. Khandelwal, IAS (Retd.)
डॉ. के. के. खण्डेलवाल, भा.प्र.से. (से.नि.)
150 YEARS OF CELEBRATING THE MAHATMA

APPLICATION FORM

FOR_____ NATIONAL ADVENTURE PROGRAMME

FROM_____ TO _____

PHOTO

1. Name of the Applicant (In Capital) : _____
2. Father's Name : _____
3. Home Address (In Capital) : _____

   _____
4. Distt._____State _____Pin Code _____
5. Date of Birth_____Single/ Married_____
6. Telephone/Mobile No. _____E-mail_____
7. Aadhar No: _____
8. Experience in Scouting /Guiding _____
9. Dates of National Adventure Programme, you have attended_____
10. Have you attended any International Event? If so, give details _____
11. Vegetarian or Non Vegetarian:_____
12. Special Hobbies or any other information : _____
13. In case of Online Transfer (Transaction details) _____
    Date _____(Copy Enclosed)
14. Number and date of the draft drawn on State Bank of India, Pachmarhi (M.P.) Code 1046 in favour of "The Bharat Scouts & Guides" for an amount of Rs. 200/- (Two Hundred only) as Advance for Booking sent through Demand Draft (non-refundable) 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, 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 Camp Fee** Rs _____ R.N. _____ Date _____

Signature of the Office Secretary

MEDICAL CERTIFICATE

1. Name _____
2. Address _____
3. Height _____ Weight_____ Blood Group_____
4. Covid Report/ Certificate attached here with _____
5. Present/Past illness of Significance _____
6. Injuries / Operations undergone and present condition _____
7. Any known allergy to drugs or food stuff _____
8. 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
(vii)	Covid-19	Yes / No

9. 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/PARENTCONSENT

(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_____