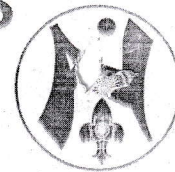


# THE BHARAT SCOUTS AND GUIDES NATIONAL YOUTH ADVENTURE INSTITUTE

National Youth Complex, Gadpuri, Palwal, Haryana  
E-mail:- nyc@bsgindia.org, Mob. No. 8224062540

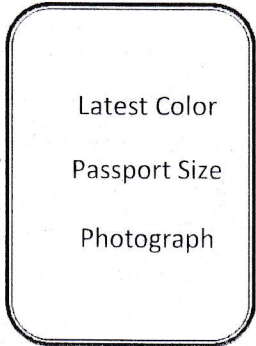


## APPLICATION FORM

FOR ..... NATIONAL YOUTH ADVENTURE PROGRAMME

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)

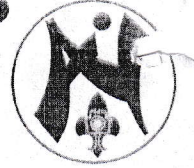
Office Secretary



# THE BHARAT SCOUTS AND GUIDES

## NATIONAL YOUTH ADVENTURE INSTITUTE

National Youth Complex, Gadpuri, Palwal, Haryana  
E-mail:- nyc@bsgindia.org, Mob. No. 8224062540



### 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: - .....

Mobile No: - .....

E-mail:- .....

Date :- .....