



THE BHARAT SCOUTS AND GUIDES

NATIONAL HEADQUARTERS, NEW DELHI

Registration Form for Rashtrapati Scout Award



(To be filled by the candidate in his own handwriting in capital letters.
Overwriting/use of fluid will not be accepted)



State _____

1. Name of the Scout _____

2. (A) Father's Name _____

(B) Mother's Name _____

3. Date of Birth _____

(Supported by Admit Card/Mark Sheet/Certificate of class X/Secondary Board Examination, attested copy of certificate should be attached)

4. Home Address _____

P.O. _____ District _____ State _____

Pin code _____ Telephone/Mob. No. _____

E-mail ID _____ Aadhaar No. _____

(Attach photocopy of Aadhaar Card)

5. Name and address of Unit _____

_____ District _____

Charter No. _____ Date of Issue _____ Date of Validity _____

Signature of Scout Master

Signature of Scout

6. Name of the Scout Master _____

Scouting Qualification: - _____ Certificate No:- _____ Date:- _____

Warrant No. _____ Date of Issue _____ Date of Validity _____

(Attach photocopy of Certificate/Parchment and Warrant of SM)

Certified that the information given above is correct as per the District / State records.

Seal & Signature of District Organising Commissioner (Scout)

Date:

Seal & Signature of District Secretary

Date:

Seal & Signature of State Organising Commissioner (Scout)

Date:

Seal & Signature of State Secretary

Date:

NB: Information Sheet attached.

For National Headquarters use

Date of Receipt of Application at RHQ _____ Remarks _____

Checked by (Name & Designation) _____ Signature _____

Signature of Assistant Director

Signature of DD (BP)

Date of Birth Certificate

This is to certify that Master _____

S/o _____ is a student of _____

_____ School/College studying in class _____

in the year _____ His date of Birth is _____ (in figures)

_____ (in words) as per his School/College record.

Date.....

(Office Seal)

Signature
Head of the Institution

THE BHARAT SCOUTS AND GUIDES, NATIONAL HEADQUARTERS, NEW DELHI

INFORMATION SHEET FOR SCOUT

(to be attached with Rashtrapati Scout Award Registration Form)

NB: To be filled by the Candidate in his own handwriting in capital letters. Overwriting / use of fluid will not be accepted.

1. Name of the State:.....
2. Name of the Scout :.....
3. (A) Father's Name :.....
(B) Mother's Name:.....
4. Date of Birth :.....

6. Date of (I) Joining the Troop.....
(II) Completion of Pravesh.....
(III) Investiture
- (IV) Completion of Pratham Sopan.....
- (V) Completion of Dwitiya Sopan.....
- (VI) Completion of Tritiya Sopan.....
- (VII) Completion of Rajya Puraskar.....

Rajya Puraskar Testing Camp held at.....from.....to.....

Certificate No.....Date of Issue.....

11 (10) of APRO II (Detail of Proficiency Badges earned for Dwitiya Sopan)

Name of Badge	Date of Passing	Name of the Examiner

12 (10) of APRO II (Detail of Proficiency Badges earned for Tritiya Sopan)

Group	Name of Badge	Date of Passing	Name of the Examiner
A.			
B.			

13 (3) of APRO II (Detail of Ambulance Man Badge earned for Rajya Puraskar)

Date of Passing	Name of the Examiner

13 (8) of APRO II (Detail of Proficiency Badges earned for Rajya Puraskar)

Name of Badge	Date of Passing	Name of the Examiner

13 (9) of APRO II (Detail of Proficiency Badges earned for Rajya Puraskar)

Name of Badge	Date of Passing	Name of the Examiner

Details of the work done for Rashtrapati Scout Award

14-B (2.a) of APRO II (Details of Camping)

Camping Place	Dates		Name of the Leader of the camp
	From	To	

14-B (3.a) of APRO II (Details of Disaster Management Badge)

Date of Passing	Name of the Examiner

14-B (3.b) of APRO II (Details of Re-pass Ambulance Man Badge)

Date of Passing	Name of the Examiner

14-B (4) of APRO II (Details of Proficiency Badges earned)

Name of Badge	Date of Passing	Name of the Examiner

14-B (5) of APRO II (Details of Sustained Community Development Project)

Name of the Project undertaken	Date		Service Hrs.
	From	To	

14-B (6) of APRO II (Details of working as Badge Instructor)

Name of Badge	Name of Group	Date	
		From	To

Note: A copy of appointment letter from Group Leader/ADC/DOC and list of Scouts who earned the Proficiency Badge to be produced.

OR

Alternative to the above (Teaching Games)

Name of Locality	Date		No of Children
	From	To	

Note: List of names of Children with their age and Father's name and a copy of appreciation letter from Parent / Head of Institution to be produced with details.

14-B (7) Knowledge of Kanderstag Adventure centre of WOSM and prepared log book

Date of Submission of Log Book	
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Note: All relevant records, Log Books & Certificates should be produced in the testing camp as and when demanded.

Date.....

Signature of Scout

Certify that the above information is correct and verified by me.

Seal & Signature of Scout Master

Date:

Seal & Signature of District Org. Commissioner (Scout)

Date:

Attended State Level Rashtrapati Scout Award Testing Camp held

at.....

from.....to..... and recommended to apply for Rashtrapati Scout Award

Testing camp to be organized by the National Association.

Seal & Signature of State Org. Commissioner (Scout)

Date:

Note : 01. All relevant records, Progress Card, Log Books and certificates will be produced at the time of Testing Camp.

02. Incomplete / Contradictory information is liable to be rejected.

Photocopy of documents to be attached:-

- 1. Date of Birth Certificate.**
- 2. Aadhaar Card.**
- 3. Scouting Qualification Certificate and Warrant of Unit Leader**
- 4. Rajya Puraskar Certificate**