



J&K Bharat Scouts and Guides, State Headquarters
Gandhi Nagar, Jammu-180004

Photo in
Scout/Guide
Uniform

APPLICATION FORM

1. Name of the Applicant : _____
2. Father's Name : _____
3. Home Address : _____

BSG UID: _____

Distt.: _____ State: _____

Pin Code: _____ Mobile & WhatsApp No: _____

E-mail: _____ Aadhar No: _____

4. Date of Birth : DD/MM/YYYY
In word _____

5. Experience in Scouting / Guiding Activities: _____

6. Nearest Telephone/Mobile No. : _____

Recommended for admission in the Trekking cum Nature Study Programme at Katra , District Reasi, Jammu & Kashmir from 28th August, 2024 to 1st September, 2024.

Risk Certificate and Medical Certificate are enclosed.

SOC (S/G)

State Secretary

FOR OFFICE USE

Admitted / Not Admitted: _____

Receipt No: _____ Date: _____ Rs. _____

Date: _____

Leader of the Camp

RISK CERTIFICATE
(For Use of Applicants)

It is certified that my Son/ Daughter/ Ward, Mr. / Miss _____ is attending the Trekking cum Nature Study Programme at Katra , District Reasi, Jammu & Kashmir from 28th August, 2024 to 1st September, 2024. with my consent and the Organizer shall not be held 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 vigorous programme. In case of any injury/illness, all required expenses will be borne by the Parent/Guardian.

Date:

Signature of Parent/ Guardian

Name:

Relationship with Participant: _____

MEDICAL CERTIFICATE

Name: _____

Address: _____

Date of Birth: _____ Single / Married: _____

1. Present / Past illness: _____
2. Injuries / Operation Undergone and Present Condition: _____
3. Any known Allergy to drugs/foodstuff: _____
4. Blood Group: _____
5. Is the applicant is suffering fromp
 - (i) An Infection disease (Yes / No)
 - (ii) Skin (Yes / No)
 - (iii) Mental disease (Yes / No)
 - (iv) Heart trouble/Asthma (Yes / No)
 - (v) Any other disease / defect (Yes / No)

I, on this date _____ have examined Mr. / Miss _____ and found him / her medically fit / unfit to undergo in the **Trekking cum Nature Study Programme at Katra, District Reasi, Jammu & Kashmir from 28th August, 2024 to 1st September, 2024.**

Date: _____

MEDICAL OFFICER
REGD. NO. & DESIGNATION

COUNTERSIGNED BY
District Commissioner(S/G)