



# **The Bharat Scouts and Guides, H.P. State Headquarters**

**Guide Hut, Rani Jhansi Park The Mall, Shimla**

## **APPLICATION FORM**

Photo in  
Uniform

1. Name of the Applicant

: \_\_\_\_\_

2. Father's Name

: \_\_\_\_\_

3. Home Address

: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

Pin: \_\_\_\_\_ Mobile & WhatsApp No: \_\_\_\_\_

E-mail: \_\_\_\_\_ Aadhar No: \_\_\_\_\_

UID Number \_\_\_\_\_s

4. Date of Birth

: DD/MM/YYYY

In word \_\_\_\_\_

5. Experience in Scouting / Guiding Activities:

\_\_\_\_\_

\_\_\_\_\_

Recommended for admission in the **State Level Patrol Leaders Workshop for Scouts and Guides of Private Schools** held at **STC Rewalsar, Distt. Mandi, H.P. w.e.f 26<sup>th</sup> to 30<sup>th</sup> September, 2025.**

Risk Certificate and Medical Certificate are enclosed.

DOC/DTC

Head of the Institution

## **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 joining the **STATE LEVEL PATROL LEADERS WORKSHOP FOR SCOUTS AND GUIDES OF PRIVATE SCHOOLS HELD AT STC REWALSAR DISTRICT MANDI, H.P. W.E.F. 26-30 SEPTEMBER, 2025** 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: \_\_\_\_\_

Contact Number \_\_\_\_\_

**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 from

(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 a **State Level Patrol Leaders Workshop for Scouts and Guides of Private Schools held at STC Rewalsar, Distt. Mandi, H.P. w.e.f 26-30 September, 2025.**

Date: \_\_\_\_\_

**MEDICAL OFFICER**  
**REGD. NO. & DESIGNATION**

**COUNTERSIGNED BY**  
**GROUP LEADER (PRINCIPAL) with Seal.**