



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

Guide Hut, Rani Jhansi Park The Mall, Shimla

APPLICATION FORM FOR TRITIYA SOPNA TESTING CAMP

1. Name of the Scout/Guide : _____

2. Father's Name : _____

3. Home Address : _____

School: _____ District: _____

Pin: _____

Mobile & Whats App No: _____

E-mail: _____@_____

Aadhar No: _____

4. BSG UID Number (Mandatory) _____

5. Date of Birth : DD/MM /YYYY

In word: _____

Signature of Applicant

The candidate is recommended for admission to the State level Tiritiya Sopna Testing Camp for Scouts and Guides, scheduled from September 30th to October 4th, 2024, at State Training Centre, The Bharat Scouts and Guides, H.P., Rewalsar, Distt. Mandi, H.P.

Enclosed are the Risk Certificate and Medical Certificate.

Scout Master/Guide Captains

Head of the Institution

FOR OFFICE USE

Admitted / Not Admitted: _____

Receipt No: _____ Date: _____ Rs. _____

Date: _____

Leader of the Camp

(Institute Copy)

RISK CERTIFICATE

It is certified that my Son/ Daughter/ Ward Mr. / Miss _____ is joining the STATE LEVEL TRITIYA SOPAN TESTING CAMP FOR SCOUTS AND GUIDES AT STC REWALSAR, DISTRICT MANDI W.E.F 30th SEPT. TO 4th OCT., 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: _____

Contact Number _____

(SHQ Copy)

RISK CERTIFICATE

It is certified that my Son/ Daughter/ Ward Mr. / Miss _____ is joining the STATE LEVEL TRITIYA SOPAN TESTING CAMP FOR SCOUTS AND GUDIES AT STC REWALSAR, DISTRICT MANDI W.E.F 30th Sept. to 4th Oct. 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: _____

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, Dr. _____ on this date _____ have examined Mr. / Miss _____ and found him/ her medically fit / unfit to undergo a **STATE LEVEL TRITIYA SOPAN TESTING CAMP FOR SCOUTS AND GUIDES** to be held at The Bharat Scouts and Guides, State Training Centre Rewalsar, Distt. Mandi, H.P. from 30th Sept. to 4th Oct. 2024.

Date: _____

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

**COUNTERSIGNED BY
Head of the Institution with Seal.**