



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 : _____

Unit: _____ District: _____

Pin: _____ Mobile & Whats App No: _____

E-mail: _____ Aadhar No: _____

UID Number **(Mandatory)** _____

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

5. Experience in Scouting / Guiding Activities: _____
- _____

Recommended for admission in the **STATE LEVEL TRITIYA SOPAN TESTING CAMP FOR SCOUTS AND GUIDES OF PRIVATE SCHOOLS** from 13th to 17th October 2026 at The Bharat Scouts and Guides, Himachal Pradesh, State Training Centre Rewalsar, Distt. Mandi, H.P.

Risk Certificate and Medical Certificate are enclosed.

Head of the Institution

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FOR OFFICE USE

Admitted / Not Admitted: _____

Receipt No: _____ Date: _____ Rs. _____

Date: _____

Leader of the Camp

RISK CERTIFICATE
(For Use of Applicant)

I hereby certify that my son/daughter/ward, Mr./Miss _____ is participating in the **State Level Tiritiya Sopan Testing Camp for Scouts and Guides of Private Schools** at the State Training Centre, Rewalsar, District Mandi, from 13th to 17th October 2026. This participation is with my full consent.

I acknowledge that the organizers of the camp shall not be held responsible for any illness, injury, or accident that may occur during the event or during the journey to and from the camp.

Furthermore, I confirm that my child is physically fit and capable of participating in the rigorous activities planned for this camp. In the event of any injury or illness sustained during the camp, I understand that all medical expenses incurred will be the responsibility of 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 TRIRITA 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 13th to 17th October, 2026.

Date: _____

MEDICAL OFFICER
REGD. NO. & DESIGNATION

COUNTERSIGNED BY
Head of the Institution with Seal.