Reg	istration F	<b>orm</b> for I	Rajya Pu	raskar	Range	er Award	2024-2	5		
Group Charter No.: BSGHP-	-	/20	I	District	Sr. No.:					
THE BHARAT SCOUTS AND GUIDES   HIMACHAL PRADESH STATE HEADQUARTERS										
Note: 1. To be filled in by the Candidate in his own handwriting in CAPITAL LETTERS.   2. Overwriting/use of fluid will not be accepted. 3. Incomplete/Contradictory information is liable to be rejected.										
DISTRICT				<u>)</u>	MA	NDATORY	<u></u>	Attested by		
Name of the Ranger		Head of Institution/								
Father's Name								Group Leader		
Mother's Name										
Date of Birth			M	<u>Y</u>	Y	<u>Y</u>	<u>Y</u>			
(Supported by Birth Certificate from Head of the Institution, if he has appeared in the Board Examination attested copy of Board Certificate should be attached)										
	Village/Tov	/n				<b>P.O.</b>				
Home/Present Address:	Tehsil				Dis	strict				
	State					Pin Cod	e			
Name and Address of the										
Unit				•••••						
	P.O		1	「eh			District			
Charter No.		Date o	of Issue			Date	e of Validit	t <b>y</b>		
Signature of Ranger Leader Name of the Ranger Leader:										
Scouting Qualification of RL (Attach Photocopy of certificate):										
Date of:		.,	•							
1. Joining of Crew										
2. Completion of Pravesh										
3. Investiture										
4. Completion of Nipun										
Nipun Testing Camp held attoto										
Certificate NoDate of IssueDate of Issue The form is recommended for the Rajya Puraskar Testing Camp for Rangers.										
Signature of Group Leader/	Signatu				Signature of DOC(G)					
For State Headquarters Use										
Date of Receipt of Applicatio	n at SHQ					Rema	arks			
Checked by (Name & Designation	ation)		Signature							

## **INFORMATION SHEET FOR RANGER**

Details of Proficiency Badges Earned for Nipun											
19 (Viii) of APRO III (Details of Proficiency Badge earned)											
Name of the Badge	Date of Pass			ng		Name of Examiner					
Details of Proficiency Badges Earned for Rajya Puraskar											
20 (4) of APRO III (Details of the project to help Children/Aged/Differently able/Sickpersons in an old age home or at an orphanage or at an appropriate place close to locality)											
Venue	Date of C	ommencing		Date of Completion			Date of Submission of Report				
OR 20 (4) of APRO III (Details of project to enrich the life of villagers, staying in avillage at least for a week)											
Venue		Commencing		Date of Completion			Date of Submission of Report				
20 (5) of APRO III (Render service in an institution/structure/place/ building)											
Venue	Date of Commencing			Date of Completion			Date of Submission of Report				
20 (8) of APRO III (Details of a minimum three nights adventure camp)											
Venue		From		Date To			Date of Submission of Report				
		FIUIT			10						
20 (11) of APRO III (Details of working Free Being Me Trainer)											
Venue	Date of Commencing			Date of Completion			Date of Submission of Report				
		Ŭ		•							
				)R							
20 (11) of APRO III (Details of	CD Project	undertaken Da	-								
Name of the Project Underta	aken	From To		)	Total Hrs.		Date of Submission of Report				
20 (14.a) of APRO III (Details of Disaster Preparedness Badge earned)											
Date of					Name o	of Examiner					
		L									
20 (14.b) of APRO III (Details of Proficiency Badge earned)											
Name of Badge		Date of Pa			assing		Name of Examiner				
20 (15) of APRO III (Details of Ambulance man Badge earned)											
Date of Passing				, 	Name of Examiner						

Date:

Signature of Ranger

Seal & Signature of Group Leader

Date:

Signature of Ranger Leader Date:

Note:

- 1. All relevant records, Progress Card, Log Books and certificates are to be produced at the time of Testing Camp for the Rajya Puraskar Testing Camp for Rangers.
- 2. Incomplete / Contradictory information is liable to be rejected.
- 3. Photocopy of Date of Birth Certificate/Matriculation certificate, Nipun Certificate to be attached.