

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

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

<i>&gt;</i>	APPLICA	ATION FORM	
1. Name of the Applicant	:		Photo in
2. Father's Name	:		Uniform
3. Home Address	:		
			-
			-
		District:	
	Pin:	Mobile & Whats App No:	
	E-mail:	Aadhar No:	_
	UID Number (Mandator	·y)	_
4. Date of Birth	: DD/MM /YYYY		
	In word		
5. Experience in Scouting / G	iuiding Activities:		_
	nd Guides, Himachal Prades	<b>N TESTING CAMP FOR ROVERS</b> from 9 <sup>th</sup> to h, State Training Centre Rewalsar, Distt. M	
		Head of the Instit	ution
	FOR OFFICE	USE	
		<del></del> -	
Admitted / Not Admitted:			
Receipt No:	Date:	Rs	
Date:		Leader of the Camp	

## RISK CERTIFICATE (For Use of Applicant)

participating in the State Level Nipun Testing Camp for Rovers at the State Training Centre, Rewalsar, District Mandi, from 9th to 13th October, 2025. 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:  MEDICAL CERTIFICATE  Name:  Injuries / Operation Undergone and Present Condition:  Any known Allergy to drugs/foodstuff:  Blood Group:  I st he applicant is suffering from  (i) An Infection disease  (Yes / No)  (ii) 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 NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat has a supplicant in the parent camp and found him / her medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat has a supplicant in the rigorous activation and found him / her medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat has a supplicant in the suppli	Ιh	ereby certify that my son/daughte	er/ward, Mr./Miss	is
Name: Relationship with Participant: Contact Number  MEDICAL CERTIFICATE  Name:  Address:  Date of Birth: Single / Married:  Injuries / Operation Undergone and Present Condition:  Any known Allergy to drugs/foodstuff:  Blood Group:  Is the applicant is suffering from  (i) An Infection disease (Yes / No)  (ii) Skin (Yes / No)  (iv) Heart trouble/Asthma (Yes / No)  (v) Any other disease / defect (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 NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat	par	ticipating in the State Level Nipun Tes	sting Camp for Rovers at the State Training Centre, Rewalsar,	District
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:  Injuries / Operation Undergone and Present Condition:  Any known Allergy to drugs/foodstuff:  Blood Group:  Sist 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 NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat medically fit / unfit to undergo a STATE LEVEL NIPUN TESTING CAMP FOR ROVERS to be held a	that	t may occur during the event or during	g the journey to and from the camp.	
Name: Relationship with Participant: Contact Number  MEDICAL CERTIFICATE  Name:  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 NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat	plar	nned for this camp. In the event of a	any injury or illness sustained during the camp, I understand	
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)  (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 NIPUN TESTING CAMP FOR ROVERS to be held at The Bharat	Dat	e:	Signature of Parent/ Guardian	
MEDICAL CERTIFICATE  Name:			Name:	
MEDICAL CERTIFICATE  Name:			Relationship with Participant:	
Name:			Contact Number	
Address:			MEDICAL CERTIFICATE	
Address:	Nar	ne:		
Date of Birth: Single / Married:				
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<b>3</b>	me	dically fit / unfit to undergo a <b>STATE</b>	LEVEL NIPUN TESTING CAMP FOR ROVERS to be held at The	
Date:		· · · · · · · · · · · · · · · · · · ·		

MEDICAL OFFICER REGD. NO. & DESIGNATION

COUNTERSIGNED BY Head of the Institution with Seal.