

The Bharat Scouts and Guides, H.P. State Headquarters Guide Hut, Rani Jhansi Park The Mall, Shimla

>	APPLI	CATION FORM	
1. Name of the Applicant	:		Photo in
2. Father's Name	:		Uniform
3. Home Address	:		
		District:	
		Mobile & WhatsApp No:	
	E-mail:	Aadhar No:	
	UID Number (man	datory)	
4. Date of Birth	: DD/MM/YYYY		
	In word		
	2025) from 26 th to 30 raining Centre Rewalsa		
		Head of the Institu	tion
	FOR OFFI	ICE USE	
Admitted / Not Admitted:			
Receipt No:	Date:	Rs	
Date:	_	Leader of the Camp	

RISK CERTIFICATE (For Use of Applicants)

DISTRICT MANDI W.E.F 26 th to 30 th Dece for any illness, injury or accident during the physically fit to undergo the vigorous progra Parent/Guardian.	event or journey periods for the purpose. I	t is further certified that he/ she is
Date:	Signat	ure of Parent/ Guardian
	Name:	
	Relationship with Part	cicipant:
	Contact Number	
<u>1</u>	MEDICAL CERTIFICATE	
Name:		
Address:		
Date of Birth:	Single / Married:	
	Present Condition:	
3. Any known Allergy to drugs/foodst	uff:	
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 ha	eve examined Mr. / Miss	and found him
/ her medically fit / unfit to undergo a 57	TATE LEVEL REPUBLIC DAY PARADE 2025 S	ELECTION CAMP FOR ROVERS AND
RANGERS (Pre-RDC) to be held at The Bh	arat Scouts and Guides, State Training	Centre Rewalsar, Distt. Mandi,
H.P. from 26 th to 30 th December, 2025.		
Date:		
		MEDICAL OFFICER

MEDICAL OFFICER
REGD. NO. & DESIGNATION

COUNTERSIGNED BY HEAD OF THE INSTITUTION with Seal.