



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 : _____

- School: _____ District: _____
- Pin: _____ Mobile & WhatsApp No: _____
- E-mail: _____ Aadhar No: _____
- UID Number _____s
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 Private Schools/State Level WOSM and WAGGGS Initiatives Workshop for Private Schools** held at **STC Rewalsar, Distt. Mandi, H.P. w.e.f 11-15, November, 2025.**

Risk Certificate and Medical Certificate are enclosed.

DOC/DTC

Head of the Institution

FOR OFFICE USE

Admitted / Not Admitted: _____

Receipt No: _____ Date: _____ Rs. _____

Date: _____

Leader of the Camp

RISK CERTIFICATE
(For Use of Applicants)

It is certified that my Son/ Daughter/ Ward Mr. / Miss _____ is joining the **State Level Tiritiya Sopan testing camp for Private Schools/State Level WOSM and WAGGGS Initiatives Workshop for Private Schools held at STC Rewalsar, Distt. Mandi, H.P. w.e.f 11-15, November, 2025** 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, on this date _____ have examined Mr. / Miss _____ and found him / her medically fit / unfit to undergo a **State Level Tiritiya Sopan testing camp for Private Schools/State Level WOSM and WAGGGS Initiatives Workshop for Private Schools held at STC Rewalsar, Distt. Mandi, H.P. w.e.f 11-15, November, 2025.**

Date: _____

MEDICAL OFFICER
REGD. NO. & DESIGNATION

COUNTERSIGNED BY
GROUP LEADER (PRINCIPAL) with Seal.