



THE BHARAT SCOUTS AND GUIDES

Creating - Better India

PHONE NO. +91 - 07578 – 292350

Email: nai@bsgindia.org; ntc@bsgindia.org

APPLICATION FORM FOR OVERSEAS PARTICIPANT
FOR 25th INTERNATIONAL ADVENTURE PROGRAMME
02 – 08 February, 2024

Photo
3x3cm

1. Name of the Applicant (In Capital) : _____
2. Father's Name : _____
3. Name of the Country : _____
4. Home Address (In Capital) : _____

Country Zip Code _____
5. Telephone/Mobile No. _____ E-mail _____
6. Date of Birth _____ Age in years _____
7. Experience in Scouting /Guiding : _____
8. Experience in Adventure Activities : _____
9. Have you attended any International Event : _____
If so, give details _____
10. Vegetarian or Non-Vegetarian : _____
11. Special Hobbies or any other information : _____

Signature of the Applicant

DECLARATION

I agree to adhere to the discipline of the movement and programme in particular and abide by the rules and regulations of the Institute during the whole event.

In case of any accident, illness or injury, I will not hold the National Adventure Institute of Bharat Scouts & Guides responsible at all.

I further declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health & physically fit to undergo the Adventure Programme.

Signature of the Applicant

For office use

Selected/Not Selected _____

Programme Incharge _____

Camp Fee Rs _____

R.N. _____

Date _____

Signature



**MEDICAL CERTIFICATE FOR OVERSEAS PARTICIPANT
FOR- 25th INTERNATIONAL ADVENTURE PROGRAMME
02 – 08 February, 2024**

Name _____

Name of Country _____

Address _____

Date of Birth _____ Single/Married _____

1. Present/Past illness of Significance _____

2. Injuries / operations undergone and present condition _____

3. Any known allergy to drugs or food stuff _____

4. Blood Group . _____

5. Is the Applicant Suffering from

(i) Any Infectious disease Yes/No

(ii) Any Skin disease Yes/No

(iii) Mental disease Yes/No

(iv) Heart Trouble Yes/No

(v) Asthmatic Yes/No

(vi) Any other disease/defect Yes/No

6. I, on this date _____ have examined Mr./Miss _____ and found
Him/Her

medically fit/unfit to undergo an Adventure Programme in mountains.

**Medical Officer
Registration Number & Designation**

Date _____

Office Seal

RISK CERTIFICATE

(FOR USE OF APPLICANTS OF BELOW 18 YEARS OF AGE)

It is certified that my son/daughter / ward Mr./Miss _____ is joining the above mentioned Adventure Programme with my consent and the organizer shall not be 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 said rigorous programme.

Signature of Parent/Guardian

Relationship with participant _____

Name _____

Address _____

Mobile No _____