**The Bharat Scouts and Guides**

 **National Adventure Institute, Pachmarhi – 461881.**

 **PHONE & FAX NO. +91 - 07578 – 252350 Email: nai@bsgindia.org; ntc@bsgindia.org**

# APPLICATION FORM FOR OVERSEAS PARTICIPANT

Photo

3x3cm

**1st SAANSO Adventure Camp in conjunction with 21st INTERNATIONAL ADVENTURE PROGRAMME**

**02 – 08 February, 2019**

1. Name of the Applicant (In Capital) :
2. Name of the Country :
3. Home Address (In Capital) :

 Country Zip Code

1. Telephone/Mobile No. E-mail
2. Date of Birth Age in years
3. Experience in Scouting /Guiding :
4. Experience in Adventure Activities :
5. Have you attended any International Event?

If so, give details

1. Vegetarian or Non-Vegetarian :
2. 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

Reg. Fee Rs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R.N. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Fee Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R.N. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature**

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# MEDICAL CERTIFICATE FOR OVERSEAS PARTICIPANT

**FOR 1st SAANSO Adventure Camp in conjunction with 21st INTERNATIONAL ADVENTURE PROGRAMME**

**02 – 08 February, 2019**

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

1. I, on this date have examined Mr/Miss and found him/her medically fit/unfit to undergo an Adventure Programme.

 **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_