



# 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

FOR 19<sup>th</sup> INTERNATIONAL ADVENTURE PROGRAMME

02 – 08 February, 2017

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

Programme Incharge \_\_\_\_\_

Selected/Not Selected

Reg. Fee Rs \_\_\_\_\_

R.N. \_\_\_\_\_

Date \_\_\_\_\_

Camp Fee Rs \_\_\_\_\_

R.N. \_\_\_\_\_

Date \_\_\_\_\_

Signature



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## MEDICAL CERTIFICATE FOR OVERSEAS PARTICIPANT FOR 19<sup>th</sup> INTERNATIONAL ADVENTURE PROGRAMME 02 – 08 February, 2017

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.

Date \_\_\_\_\_

Office Seal

**Medical Officer**  
**Registration Number & Designation**