

APPLICATION FORM FOR OVERSEAS PARTICIPANT

27TH INTERNATIONAL ADVENTURE PROGRAMME

FROM 02ND TO 06TH FEBRUARY, 2026 HELD AT NAI, PACHMARHI, MADHYA PRADESH (INDIA)

1. Name of the Applicant (In Capital): _____	PHOTO
2. Father's Name: _____	
3. Home Address (In Capital): _____ _____	
_____ Country Zip Code _____	
DD / MM / YYYY 4. Date of Birth _____ AGE: _____ Gender: _____ Status: Single/ Married _____	
5. Telephone/Mobile No. _____ E-mail _____	
6. Experience in Scouting /Guiding _____	
7. Experience in Adventure Activities _____	
8. Technical Qualification: _____	
9. Have you attended any International Event? If so, give details _____	
10. Vegetarian or Non Vegetarian: _____	
11. Special Hobbies or any other information: _____	
12. Passport Number: _____ Validly up to: _____	

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, manmade or natural, I will not hold the National Adventure Institute of the Bharat Scouts and 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 /Parent / Guardian
(ONLY ABOVE 18+)

Leader of the Pogramme

MEDICAL CERTIFICATE

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1. Name _____
2. Address _____
3. Height _____ Weight _____ Blood Group _____
4. Present/Past illness of Significance _____
5. Injuries / Operations undergone and present condition _____
6. Any known allergy to drugs or food stuff _____
7. 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. Asthma	Yes / No
VI. Malaria Test	Yes / No
VII. Any other disease/defect	Yes / No
8. I, on this date _____ have examined Mr./Miss _____ and found Him / Her medically fit/unfit to undergo an Adventure Programme in mountains.

Date: _____

Doctor Signature
Registration Number &
Designation Office Seal

Note : This certificate has to be signed by should be MBBS Doctor

RISK CERTIFICATE/PARENT-CONSENT (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 vigorous programme.

Signature of Parent / Guardian

Relationship with participant _____
Name _____
Address _____
Aadhar No: _____
Mobile No _____ Date _____