



# THE BHARAT SCOUTS AND GUIDES

Creating - Better India

Since 1909

## APPLICATION FORM FOR OVERSEAS PARTICIPANT

### 27<sup>TH</sup> INTERNATIONAL ADVENTURE PROGRAMME

FROM 02<sup>ND</sup> TO 06<sup>TH</sup> 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 _____	
4. Date of Birth _____ DD / MM / YYYY 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 Programme**



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## **MEDICAL CERTIFICATE** **27<sup>TH</sup> INTERNATIONAL ADVENTURE PROGRAMME**

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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.

Doctor Signature  
Registration Number &  
Designation Office Seal

Date: \_\_\_\_\_

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

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### **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 \_\_\_\_\_