

No:-EDN-U-(A-II)/BS&G/- 13585  
Office of the, Dy. Director of Higher Education,  
Una District Una (H.P)  
Dated: Una the, 02-09-19  
[ddhe-una-hp@gov.in](mailto:ddhe-una-hp@gov.in)

**OFFICE ORDER**

With reference to the letter No- BSG-HP(SHQ)1-7/2019-20-2121-2131 dated 05-08-19 from the office of the State Secretary BSG Shimla , the following Scoust/Guides/Scout Master/Guide Captain are hereby deputed to attend the State Level Patrol Leaders Workshop for Scouts & Guides at State Training Centre Rewalsar District Mandi w. e. f 07-09-19 to 11-09-19 . They will report at Mandi on dated 06-09-19 (Evening). Camp Fee per Head of the Scout & Guide will be Rs.320/- each.

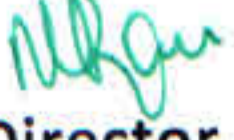
All should be in proper uniforms and bring with them 02 set of correct & complete uniform as per APRO-Part-II & III ,Personal Clothing , Toilet requisites, writing materials also carry Blankets and Bed Sheet for personal Bedding, First Aid Box, Risk & Medical Certificate.

1. Smt. Promila Devi, DTC (G), DHQ Una.
2. Sh. Surjeet Singh, GSSS Nangal Jarialan.

  
Dy. Director of Higher Education,  
Una District Una (H.P)

Copy to:-

1. The State Secretary B S&G State Head Quarter Guide Hut Shimla for information
2. The Principal/Head Master GSSS/GHS Una (G), Daloh, Kinnu, Dhussara & Kotla Kalan are directed to **depute two Guides** of their school for the above said camp and **hand over the deputed Guides to Smt. Promila Devi**, at Una Bus Stand on dated 06-09-19 at 9.30AM
3. The Principal/ Head Master GSSS/GHS Dharamsal Mahanta, Chintpurni, Thathal, Khad, Nangal Jarialan, Basoli, Heeran , Mairi, Kinnu & Gurplah are directed to **depute one Scout** from their school for the above said camp and **hand over the deputed Scouts to Sh. Surjeet Singh, GSSS Nangal Jarialan** at Una Bus Stand on dated 06-09-19 at 9.30AM

  
Dy. Director of Higher Education,  
Una District Una (H.P)



**The Bharat Scouts and Guides, State Headquarters**  
Guide Hut, Rani Jahnsi Park, The Mall Shimla-171001

**APPLICATION FORM**



1. Name of the Applicant : \_\_\_\_\_  
 2. Father's Name : \_\_\_\_\_  
 3. Home Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

School: \_\_\_\_\_ Distt.: \_\_\_\_\_  
 Pin: \_\_\_\_\_ Mobile & Whatsapp No: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Aadhar No: \_\_\_\_\_

4. Date of Birth : DD/MM/YYYY  
 In word \_\_\_\_\_

5. Experience in Scouting / Guiding Activities: \_\_\_\_\_  
 \_\_\_\_\_

6. Experience in Adventure Activities : \_\_\_\_\_  
 \_\_\_\_\_

7. Nearest Telephone/Mobile No. : \_\_\_\_\_

Recommended for admission in the State Patrol Leader Workshop from \_\_\_\_\_ 2019 at State Training Centre Rewalsar, Distt. Mandi, H.P. Risk Certificate and Medical Certificate are enclosed.

Scout Master/Guide Captain

Group Leader (Principal)

**FOR OFFICE USE**

Admitted / Not Admitted: \_\_\_\_\_

Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_ Rs. \_\_\_\_\_

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

**Leader of the Camp**

**RISK CERTIFICATE**  
**(For Use of Applicants)**

It is certified that my Son/ Daughter/ Ward Mr. / Miss \_\_\_\_\_ is joining the above mentioned Programme with my consent and the Organizer shall not be held 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 vigorous programme. In case of any injury/illness, all required expenses will be borne by the Parent/Guardian.

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

Signature of Parent/ Guardian

Name: \_\_\_\_\_

Relationship with Participant: \_\_\_\_\_

**MEDICAL CERTIFICATE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Single / Married: \_\_\_\_\_

1. Present / Past illness: \_\_\_\_\_

2. Injuries / Operation Undergone and Present Condition: \_\_\_\_\_

3. Any known Allergy to drugs/foodstuff: \_\_\_\_\_

4. Blood Group: \_\_\_\_\_

5. Is the applicant is suffering from

(i) An Infection disease (Yes / No)

(ii) Skin (Yes / No)

(iii) Mental disease (Yes / No)

(iv) Heart trouble/Asthma (Yes / No)

(v) Any other disease / defect (Yes / No)

I, on this date \_\_\_\_\_ have Examined Mr. / Miss \_\_\_\_\_ and found him / her medically fit / unfit to undergo a State level Patrol Leader Workshop to be held at STC Rewalsar, Distt. Mandi, H.P. from \_\_\_\_\_.

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

MEDICAL OFFICER  
REGD. NO. & DESIGNATION

COUNTERSIGNED BY  
Group Leader (Principal)

II-V