



THE BHARAT SCOUTS AND GUIDES

NATIONAL HEADQUARTERS, NEW DELHI-110002

REGISTRATION FORM

State : _____

Name of the Course : _____

Place : _____

Duration : Days () : from _____ to _____

Name of the Participant
(in Capitals) : _____

Full Postal Address
(in Block Letters only) : _____

Pin Code No. _____

Tel No. (if any) _____

Date of Birth : _____ Age _____ yrs.

Educational Qualification : _____

Qualification in Scouting / Guiding : _____

Rank in Scouting / Guiding : _____

Parchment / Hon'ble Charge No. : _____ Date _____

Experience in Scouting / Guiding : _____

Signature of Participant

(FOR OFFICE USE)

Dev. Fee Paid Rs.

Receipt No.

Spl. Fee Paid Rs.

Accountant

Leader of the Course