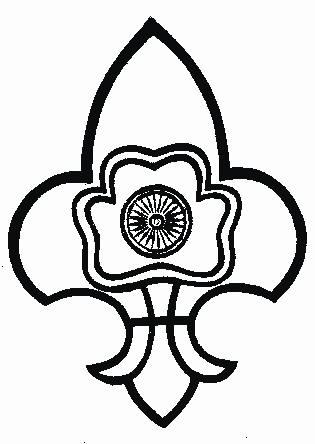
ODISHA STATE BHARAT SCOUTS & GUIDES

**State Headquarters, Unit-3, Bhubaneswar-22**



**RATH YATRA SERVICE CAMP ON MISSION SWACHH BHARAT ABHIYAAN, PURI, ODISHA**

**INDIVIDUAL APPLICATION SHEET**

**(Please Read camp Rules and Regulations given overleaf before filling up the Registration Sheet)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Name of the Rover (In CAPITAL letters) : | | | | Recent Passport size photograph |
|  |  | | | |
| 2. | Name of Father :- | | | |
| 3. | Blood Group : | | 4. Date of Birth : | |
| 5. | Religion : | | 6. Nationality : | |
| 7. | Profession : |  | | | |
| 8. | Aadhar No. |  | | | |
| 9. | Home Mobile No. |  | | | |
| 10. | Email |  | | | |
| 11. | Identification Mark : |  | | | |
| 12. | Photo-I Card Details | I Card No. :- | | Issuing Authority :- | |
| 13. | Present Address : | | | | |
|  | City:- Dist:- State:- Pin:- | | | | |
| 14. | Permanent Address :- | | | | |
|  | City:- Dist:- State:- Pin:- | | | | |
| 15. | Parents/Guardian Contact No. for emergency :- | | | | |
| 16. | Mobile No. :- | | | | |

**Declaration**

I do hereby declare that my age is not above 25 years and below 15 years and medically fit to participate in the Rath Yatra Service Camp on the Mission Swachh Bharat Abhiyaan 2018. I am fully aware of the associated risks and expected hazards and ready to participate in the service camp. I agree to cooperate with the organizers as a trained Rover. I further pledge to ensure my own safety, safety of all other members and Camp Mates by adhering to the camp rules and regulations made by Odisha State Bharat Scouts and Guides. In the event of any mishap to me during the service camp, I will only be held responsible and hereby release Odisha State Bharat Scouts and Guides and the camp organizers from all legal liabilities thereof. I have read Camp Rules and Regulations and agree to abide by the said terms and conditions.

Date :

Place : **Full Signature of the Rover**

**Signature of Parent/ Guardian Sign. of Rover Leader Sign. of State Secretary**

**with seal with seal**

**Admitted by**

**Odisha State Bharat Scouts & Guides**

**RISK CERTIFICATE**

***(For Use of Applicants)***

It is certified that my Son \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is willing to attend the Rath Yatra Service Camp on the Mission Swachh Bharat Abhiyaan, Puri with my consent. 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 is physically fit to undergo the said vigorous programme.

Date: **Signature of Parent/ Guardian**

Relationship with Participant:

**MEDICAL CERTIFICATE**

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

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

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

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 suffering from

(i) An Infectious disease (Yes / No)

(ii) Skin (Yes / No)

(iii) Mental disease (Yes / No)

(iv) Heart trouble (Yes / No)

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

I, on this Date\_\_\_\_\_\_\_\_\_\_\_\_\_ have Examined Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and found him medically fit / unfit to undergo the Rath Yatra Service Camp on the Mission Swachh Bharat Abhiyaan to be held at Puri, Odisha State.

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

MEDICAL OFFICER

REGD. NO. &

DESIGNATION

Admitted by Sign. of Rover Leader

Odisha State Bharat Scouts & Guides with seal

**CAMP RULES AND REGULATIONS**

1. Scout/Guide Law is the Law of the Camp.
2. All campers should obey the camp rules and regulations.
3. All campers should register in the Registration format.
4. No camper shall be allowed without registration.
5. Campers will not be allowed inside the camp without authorized I.D. Card.
6. Discipline and paying respect to elderly persons, women, children, physically challenged and camp officials is compulsory.
7. Every camper is bound to attend the roll call meeting at 7 a.m. and 9.30 p.m.
8. Campers are personally responsible for any theft and misplacement of the materials issued to them.
9. Campers should return all the materials received from the camp in good condition to the camp authority before departure otherwise participation certificate will not be issued.
10. Outsiders other than campers are not allowed to the camp without permission of the Camp Director / competent authority.
11. Alcohol, tobacco and non-veg food items are not allowed inside the camp.
12. Only traditional Odia food will be served / available in the camp (No chapatti)
13. No camper shall leave the place of deployment unless and until reliever reaches the spot.
14. No camper shall leave the camp without the permission of camp Director / competent authority.
15. No camper is allowed to take bath in sea due to safety and security reasons.
16. Campers violating any rule and regulation of the camp shall immediately be relieved from the camp.
17. Campers are requested to deposit all missing belongings found by them to the camp Director.
18. Camper shall not provide any wrong information to anybody which may cause panic.
19. All the campers are hereby directed not to indulge in any of the activity which is against the moral ethical traditional values and which is not permissible by law and rules both in general and particular.
20. Always cooperate with public, Police, Press, Doctors, Ambulance and Administration for better result.
21. In case of emergency please contact immediately to the camp control room for support. Mob. No. **9437308684/ 9861096458/ 9437229324/ 9437056638.**

**\*\*\***