

THE BHARAT SCOUTS AND GUIDES

NATIONAL HEADQUARTERS

PROFORMA

ANNEXURE – “A”

Name of State _____

Designation: Chairperson/Vice Chairperson

1. Full Name: _____

2. Date Of Birth : ____ / ____ / ____ (DD/MM/YYYY)
(Supported By Birth Certificate)

3. Correspondence Address: _____

_____ Pincode _____

4. Email Id: _____

5. Mobile No.: (+91) _____ Whatsapp No. _____

6. Educational Qualification: _____

7. Technical Qualification, if any: _____

8. Scouting/ Guiding Qualification: _____

9. Years of Experience in the Movement: _____

10. Occupation, if any: _____

11. Hobbies: _____

12. Do you have Passport: Yes No Applied
(Please ✓)

a. Passport No.(if Yes) _____

b. Date of Issue: _____

c. Validity till. _____

Copy of
Passport be
enclosed

Recommended by,

(Signature of the Candidate)

(State Secretary)

(State Chief Commissioner)

Name:

Official Seal

Name:

