



ST XAVIER'S COLLEGE - JAIPUR

Nevta - Mahapura Road, Jaipur - 302029, Rajasthan, India

Affiliated to the University of Rajasthan

Approved under Section 2(f) & 12(B) of the UGC Act, 1956

A Christian Minority Jesuit Institution



Ref: SXC/ACAD/SCOUTS/2022/ **7680**

13 July 2022

Notice

This is to inform you that The Rovers and Rangers Club is inviting you to participate in **The State Level Adventure camp** organized by The Bharat Scouts and Guide at Mount Abu from 21 to 25 July, 2022. Registration will be done on first come first serve basis. Each participant will be awarded with the certificate after successful completion of the camp. The Application form and the formats for medical & risk certificate is attached with this notice. The details are as below:

Date: 21 to 25 July 2022

Venue: Mount Abu (State Adventure Camp)

Camp fees: Rs.2150 and transportation charges (approx. 2000).

Last Date for Application: 18 July 2022 (12:00 Noon)

For further details kindly contact:

Student Coordinators:

Ravindra Singh: 9610623590

Kriti Kamal: 9664261571

Principal

Ref: SXC/ACAD/SCOUTS/2022/ **7681-7685**

Copy forwarded to the following for information and necessary action:

1. Vice-principal, St Xavier's College, Jaipur
2. Coordinator, Rovers & Rangers Club, St Xavier's College, Jaipur
3. Heads of all the Departments, St Xavier's College, Jaipur
4. Website Coordinator, St Xavier's College, Jaipur
5. Principal Office, St Xavier's College, Jaipur



RAJASTHAN STATE BHARAT SCOUTS & GUIDES

State Training & Adventure Centre, Mount Abu – 307501 (Raj.)

Tel. No. : 02974 – 238662

M.No. 9875122887

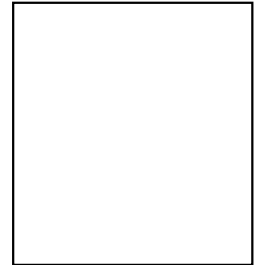
E-mail:- scoutguidesirohi@gmail.com

Application Form

FORM _____ TO _____

- 1) Name of the Applicant (In Capital) _____
- 2) Father's Name _____
- 3) Mother's Name _____
- 4) Home Address (In Capital) _____

- Distt. _____ State _____ Pin Code _____
- 5) Telephone/Mobile No. _____ E-Mail _____
- 6) Date of Birth _____ Age in Years _____
- 7) Adhar no. _____
- 8) Experience in Scouting/Guiding _____
- 9) Experience in Adventure Activity _____
- 10) Special Hobbies or any other information _____
- 11) Number and date of the draft C.O. (Scout) Rajasthan Rajya Bharat Scout & Guides
Mount Abu for an amount of Rs. _____ being the non-refundable fee
D.D. No. _____ dated _____ enclosed.



Signature of the Applicant

DECLARATION

I agree to adhere to the discipline of the movement and programme in particular and abide the rules and regulations of the Institute during the whole event.

In case of any accident, illness or injury, I will not hold the State Adventure Rajasthan Rajya Bharat Scout & Guides responsible at all.

I further declare that I have not been in contact with any infectious diseases for the past one month and that I am keeping good health & Physical fit to undergo the Adventure Programme.

Signature of the Applicant

For Office Use

Selected / Not selected

Programme Incharge

Reg. Fee Rs. _____ R.N. _____ Date _____ Dev.

Fee & Camp Fee Rs. _____ R.N. _____ Date _____ Booking SL

No. _____ Camp No. _____

Signature



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MEDICAL CERTIFICATE

Name _____

Address _____

Date of Birth _____ Single / Married _____

1) Present / Past illness _____

2) Injuries / operations undergone and present condition _____

3) Any known allergy to drugs of food stuff _____

4) Blood Group No. _____

5) 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) Any other disease / problem | Yes / No |

6) I, on this date _____ have examined Mr. / Miss / Mrs. _____ and found him / her medically fit / unfit to undergo an Adventure Programme.

Medical Officer

Date _____

Registration Number & Designation

RISK CERTIFICATE

It is certified that my son / daughter / ward Mr. / Miss _____ is joining the above mentioned Adventure Programme with my consent and the Institute 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 above said Adventure programme.

Signature of Parent / Guardian

Relationship with participant _____

Name _____

Address _____

Place : _____

Date : _____
