13 September 2012

15th International Adventure Programme - India

Dear Colleagues,

Greetings from Manila!

We are pleased to inform you that the Bharat Scouts and Guides is organizing the 15th National Adventure Programme which will be held at National Adventure Institute, Pachmarhi, Madhya Pradesh, India from 16 - 25 February 2013.

Details of the programme:

Date: 16 - 25 February 2013

Date of arrival: 16 February 2013 (before noon), late comers will not be admitted.

Date of departure: 25 February 2013 after lunch only.

Venue: National Adventure Institute, Pachmarhi, Madhya Pradesh, India

Eligibility: Scouts/Guides/Rovers/Rangers/Unit Leaders/Commissioners of 18 to 45 years of age. Physically and mentally fit and be able to trek for 16 – 20 Kms. for a day. Blood Pressure, asthma, and diabetes patients are not allowed.

Camp Fee: USD90.00. Fee includes food, event souvenirs, accommodation, sanitation, medical assistance (for any injury during the programme), equipment, insurance and other training expenses. The fee is also inclusive of transportation from Itarsi/ Pipariya/ Bhopal to Institute and back.

Equipment: Participants need to bring their Scout Uniform, NSO Flag, National Flag, CD of National Anthem, compass, sleeping bags, blanket, personal toiletries and medicine, torch, umbrella, warm cloths and other necessary belongings. Participants should not bring expensive materials or ornaments to the camp.
Weather: February, Pachmarhi will be cold and the temperature of the area will be around 6 to 18 degrees Celsius. Warm clothing and bedding have to be brought by the participants accordingly.

For more information please contact:

Director, Bharat Scouts & Guides
16, Mahatma Gandhi Marg., I. P. Estate
New Delhi-02, and India
Phone: +9111 2337 0724/8667
Fax: +9111 2337 0126
Email: tbsgnet@ndb.vsnl.net.in

with a copy to:

Deputy Director (Adventure Programme)
National Adventure Institute,
Bharat Scouts & Guides,
Pachmarhi: 461881, Hosangabad,
Madhya Pradesh, India
Tel. & Fax- 91-7578-252541,
Mobile: 91-7578-252026/ 91-7578-252350
E-mail: bsgntc@sancharnet.in or bsgnai@yahoo.com

NSOs who are interested to send participants to this event are requested to send the name list of the participants together with the completed application form and medical certificate form not later than 31 December 2012.

Thank you and best regards.

Abdullah Rasheed
Regional Director

Encl:

- Application Form
- Medical Certificate Form

AR/afc
11.09.2012
**APPLICATION FORM FOR FOREIGN PARTICIPANTS**

**FOR 15th INTERNATIONAL ADVENTURE PROGRAMME**

**FROM 16.02.2013 TO 25.02.2013**

1. Name of the Applicant (In Capital) : ____________________________
2. Father’s Name : _____________________________________________
3. Name of the Country : _________________________________________
4. Home Address (In Capital) : 
   Distt. __________________________ State ____________ Pin Code __________
5. Telephone/Mobile No. __________________________ E-mail ______________
6. Date of Birth __________________________ Age in years _____________
7. Experience in Scouting /Guiding _________________________________
8. Experience in Adventure Activities ______________________________
9. Dates of National Adventure Programme, you have attended
   ________________________________
10. Have you attended any International Event? _____________________
    If so, give details
11. Vegetarian or Non-Vegetarian : _________________________________
12. Special Hobbies or any other information : _______________________

*Signature of the Applicant*

**DECLARATION**

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

In case of any accident, illness or injury, I will not hold the National Adventure Institute of Bharat Scouts & Guides responsible at all.

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

*Signature of the Applicant*

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For office use

Programme Incharge

Reg. Fee Rs______________ R.N. ______________ Date _____________

Camp Fee Rs ______________ R.N. ______________ Date _____________

Signature
MEDICAL CERTIFICATE FOR FOREIGN PARTICIPANTS

Name ______________________________________________

Name of Country _______________________________________

Address ___________________________________________

Date of Birth _______________________________________

1. Present/Past illness of Significance ____________________________

2. Injuries / operations undergone and present condition ____________________________

3. Any known allergy to drugs or 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) Asthmatic Yes/No
   (vi) Any other disease/defect Yes/No

6. I, on this date ________________ have examined Mr./Miss ________________ and found
   Him/her medically fit/unfit to undergo an Adventure Programme in mountains.

Medical Officer
Registration Number & Designation

Date ___________                Office Seal

RISK CERTIFICATE

(FOR USE OF APPLICANTS OF BELOW 18 YEARS OF AGE)

It is certified that my son/daughter / ward Mr./Miss ________________ is joining the
above mentioned Adventure Programme with my consent and 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/she is physically fit to
undergo the said rigorous programme.

Signature of Parent/Guardian

Relationship with participant ____________________________

Name ____________________________

Address ____________________________