

18. Scouts & Guides qualification (Write President's Scout/Guides.Ranger/Rover (or) Himalayan Woodbadge holder in the table below)

Name of the Award	Unit & State to which attached at the time of qualifying for Award	Year	Certificate No. & Date

19. Scouts & Guides Activities

Year (April-March)	Name of the event Indicate the level, Viz. National/State/District/Unit/Group	From	To	Certificate No. & Date
2014-15				
2015-16				
2016-17				
2017-18				
2018-19				
2019-20 (Till date)				

20. Scouts & Guides Qualifications (Self attested/Attested photocopies of certificates to be enclosed)

Sl. No.	Name of the event in which participated	Place	From	To	Certificate No. & Date
A. Participation/Service rendered in National Events/National Jamboree (Including All India Railway Events)					
B. Participation/Service rendered in State Events/Rallies					
C. Specialised Scout/Guide course organised at National/State/All Indian Railways level					
D. Participation in District Rallies					

DECLARATION BY THE CANDIDATE

I hereby declare that all the particulars given in this application are true and correct to the best of my knowledge and belief. In the event of any information being found false, my candidature/appointment is liable to be cancelled/terminated at any stage, without any notice. I hereby declare that in the event of my selection, I will participate regularly in the Scouts & Guides activities at all levels. Further, I will serve the Scouts & Guides movement for atleast 10 years from the date of my appointment.

Place: _____

Signature of the candidate: _____

Date: _____

Name of the candidate: _____

(Continued....3)

DECLARATION BY THE GROUP LEADER

The particulars given by Shri/Smt./Ms. _____ in item number 18, 19 & 20 are verified and found correct. His/her application is hereby forwarded for consideration for Level-2/Level-1 post against Scouts & Guides quota for the year 2019-20 on South Western Railway and Rail Wheel Factory, Yelahanka.

Place: _____

Signature: _____

Date: _____

Name: _____

Official Address: _____

Countersigned by State/District Commissioner or State/District Secretary (Scouts & Guides)

Place: _____

Signature _____

Date: _____

Name _____

Official Seal: _____

Designation _____

Official Address: _____

CERTIFICATE OF ACTIVENESS

Certificate No. _____

This is to certify that _____ (Name) _____ of

_____ State/ District/Division is an active member of _____

Group since _____ years duly registered with the State/District Association.

Place:

Date:

(Name & Sign.)
Group Leader (S/G)
(With Seal)

(Name & Sign.)
DOC (S/G)
(With Seal)

(Name & Sign.)
DC (S/G)
(With Seal)