



**APPLICATION FORM FOR ENROLLMENT OF ROVERS/RANGERS
(ODISHA STATE BHARATSCOUTS & GUIDES)**

RURAL INSTITUTE OF HIGHER STUDIES, BHOGRAI, BALASORE-756036

1. **NAME** (Capital letter):

2. **FATHER'S NAME:**

3. **PERMANENT ADDRESS:**

- a. **AT:**
- b. **PO:**
- c. **PS:**
- d. **DIST:**
- e. **PIN:**

4. **CORRESPONDING ADDRESS:**

- a. **AT:**
- b. **PO:**
- c. **PS:**
- d. **DIST:**
- e. **PIN:**

**Affix recent
passport size
photograph**

5. Qualification Details (Xerox Certificate to be attached)

Qualification	Board/Council	Year of Passing	% of marks	Division

6. CLASS:

7. STREAM:

8. ROLL NO:

9. EMAIL:

10. MOBILE:

11. BLOOD GROUP:

12. EXPERIENCE IF ANY (NCC/NSS/SCOUTS/OTHERS):

13. UNIT (ROVER/RANGER):

DECLARATION: I hereby solemnly declare that the above stated facts are true and correct to the best of my knowledge and belief. Further, I declare that I join as a Rover/ Ranger voluntarily. I shall not join in any other extra co-curricular activities i.e. NCC/NSS without prior permission of concerned Authority and if any allegation of indiscipline/ apathy/misbehaviour comes to the knowledge of concerned authority, my Rovership/Rangership will be rejected without prior information.

Place:

Signature of Rover/Ranger

Date:

Signature of Guardian

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of M.B.B.S.)

I certify that I have carefully examined

Sri/Kumari. _____

son/daughter of

Smt. _____ and Shri _____ of

Village _____ P.O. _____ P.S. _____ Dist. _____

_____ whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her active outdoor duties/services.

Marks of Identification _____

Signature of the Candidate _____

Place:

Date:

Name & signature of the Medical Officer
with seal and registration number