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## 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	То	Certificate No. & Date
2019-20				
2020-21				
2021-22				
2022-23				
2023-24				
2024-25 (Till date)				

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

SI. No.		Place	From	То	Certificate No. & Date			
A. Pa	rticipation/Service rendered in National Ev	ents/National J	amboree (In	cluding All I	ndia Railway Events)			
B. Pa	rticipation/Service rendered in State Event	s/Rallies						
C. Sp	ecialised Scout/Guide course organised a	t National/State	All Indian R	ailways leve				
D. Pa	rticipation in District Rallies				1			
	DECLARATION BY THE CANDIDATE							
inform	by declare that all the particulars given in this appl ation being found false, my candidature/appointme	ent is liable to be c	ancelled/termi	nated at any st	tage, without any notice. I hereby declare			

at in the event of my selection, I will participate regularly in the Scouts & Guides activities at all levels. Further, I will Guides movement for atleast 10 years from the date of my appointment.

Place:

Signature of the candidate:

Name of the candidate:

Date:

(Continued....3)

	DECLARATION BY THE GROUP LEADER	
The particulars given by Shri/Smt./Ms 20 are verified and found correct. H Scouts & Guides quota for the year 20	His/her application is hereby forwarded for cons 124-25 on South Western Railway and Rail Wheel	in item number 18, 19 8 ideration for Level-2/Level-1 post agains Factory, Yelahanka.
Place:	Signature:	
Date:	Name:	
	Group Name : Official Address:	
Countersigned by St	ate/District Commissioner or State/District Sec	retary (Scouts & Guides)
Place:	Signature	
Date:	Name	
Official Seal:	Designation Official Address:	
	CERTIFICATE OF ACTIVENESS	
	Certi	ficate No.
This is to certify that	(Name)	of
State/ D	istrict/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)