**Form No- XXViSHQ No-.............. RHQ No**-............

THE BHARAT SCOUTS AND GUIDES, NATIONAL HEADQUARTERS

16, MAHATMA GANDHI MARG, I.P. ESTATE, NEW DELHI- 110002

**REGISTRATION FORM FOR GOLDEN ARROW BADGE**

Name of the State:………………………………………………………………………………………………………………………………..

Photograph in uniform

1. Name of the Cub/Bulbul ………………………………………………………………………………………………………

*( in capital letters )*

1. Father’s Name………………..………………………………………………………………………………………………….….

*( in capital letters )*

1. Mother’s Name……………..……………………………………………………………………………………………………..

*( in capital letters )*

1. Home Address:………………………………………………………………………………………………………………….....

..................................................................................................................................................

Distt……………………………………………..State……………………………………………..PinCode….………………….

Contact No- …………………………………………. Email Id of Parent-……………………………………………………………………………..

1. Date of Birth *( attach Birth Certificate issued by Head of Institution)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

1. Aadhar No………………………………………………………………………………………………………………………………………………………
2. Name of the Unit and Address………………..………………………………………………………………………………………..……………

*( in capital letters) …………..*…………………………………………………………..………………..………PIN…………………………………

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

1. Date of Joining Cub/Bulbul

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

1. Date of Completion of Pravesh

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

1. Date of Investiture

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

1. Date of Completion of Pratham Charan/Komal Pankh

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

1. Date of Completion of Dwitiya Charan/Rajat Pankh

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

1. Date of Completion of Tritiya Charan/Swarna Pankh
2. (i) Chaturtha Charan/Heerak Pankh Re-testing camp held at

|  |  |  |
| --- | --- | --- |
| **Venue** | **From** | **To** |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

(ii) Date of Completion of Chaturtha Charan/Heerak Pankh

(iii) Chaturtha Charan/Heerak Pankh Certificate No………………………………………Date……………………………..

1. Details of Cub/Bulbul Proficiency Badge earned *(in capital letter )*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl No** | **Group** | **Name of Badge** | **Date of Passing** | **Name of Examiner** |
| 01 | Character |  |  |  |
| 02 | Physical Health |  |  |  |
| 03 | Handicraft |  |  |  |
| 04 | Service |  |  |  |
| 05 | Conservation &Technology |  |  |  |
| 06 | From any group |  |  |  |

Date………………………………….. (Signature of Cub/Bulbul)

**Certified that the information given above is correct as per the Unit records.**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Unit Leader

Name of Unit Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scouting/Guiding Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Warrant No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid upto \_\_\_\_\_\_\_\_\_\_\_\_\_

**Certified that all information given by the unit is correct and District Association has conducted Test of Tritiya Charan/Swarna Pankh and Proficiency Badges.**

Signature Signature Signature

District Commissioner (S/G) District Secretary District Organising Commissioner(S/G)

District Association.....................................

Date........................... Date........................... Date...........................

**The above information are checked and found correct as per the records and his/her application is recommended for the Golden Arrow Award**

**Signature**

**State Organising Commissioner (Scout/Guide) State Secretary**

Date ……………………………… Date ………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(For use at the National Headquarters / Regional Headquarters)**

Date of receipt of above information ………………………………………………………..……….is examined and found eligible as per APRO part II/III and recommended to issue Golden Arrow Award Certificate & Badge.

**Form Checked by Signature of Asst. Director**

**Name: ………………………………….**

**Signature……………………………………… Region………………………………….**

**Name …………………………………………….**

**Designation ………………………………….. Signature of Dy. Director BP/GP**