



The Bharat Scouts & Guides

National Training Centre, Pachmarhi (M.P.)

Recommendation for appointment as Assistant Leader Trainer (Guide Wing)

Name of the State:

1 Name of the Candidate :

2 Full Postal Address :

Pin Code:

E-mail ID: Phone No.:

Name of Group

3 Working : From Warrant No. Date :

Charter No. Date :

4 Date of Birth

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 Age : years.

5 General Educational Qualification :

6 Section for which proposed & area : Section Area

7 Service in the Movement :

8 H.W.B. Parchment No. & Date : Parchment No. Date
(Photocopy attached)

9 Pre - ALT Course : Certificate No. Date
(Photocopy attached)

10 A.L.T. Training Course Certificate : Certificate No. Date
(Photocopy attached)

11 Rank / Position of the candidate in the :
Movement at present

12 Does she satisfy the conditions prescribed in :
SOT

- (a) Ability as practical Guider
- (b) Record as Warrant Holder
- (c) Qualities of Leadership
- (d) Willingness to spare time

14 Training courses conducted / assisted after receiving HWB Parchment.

Sl	Course	Date	Place :	No. of Candidates	LOC	Remarks

Date :

Signature of STC (G)

State Secretary/Jt. Secretary

State Commissioner (G)

State Chief Commissioner

Date

Date

Date

FOR THE USE AT NATIONAL TRAINING CENTRE

Recommendation received on :

Recommendation for appointment :

Dy. Director (G) Ldr. Trg.

NATIONAL COMMISSIONER (G)

CHIEF NATIONAL COMMISSIONER

Hon'ble Charge No. : & Date : Issued : on