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|  | | THE BHARAT SCOUTS & GUIDES, TAMILNADU State Headquarters, Wenlock Park, Triplicane, Chennai – 600 005. REGISTRATION FORM FOR RAJYA PURASKAR – 2024 | | | |  | | | | | | | | | | | |
| FILL SCOUT / GUIDE | | | | | | | | | | | | | | | | | |
| SCOUT DISTRICT : | | | | | CODE No. : | | | | | | | | | | | | |
| 1 | Name of the SCOUT / GUIDE | | : | | | | | | | | | | | | | | |
| 2 | Father's Name | | : | | | | | | | | | | | | | | |
| 3 | Date of Birth | | : | | | | | | | | | | | | | | |
| 4 | Aadhar Number | | : | | | | | | | | | | | | | | |
| 5 | UID Number | | : | | | | | | | | | | | | | | |
| 6 | Name & Address of the Unit | | : | | | | | | | | | | | | | | |
| | Pin Code : | | | | Contact No. : | | | | | | | | | | | | |
| 7 | Unit Charter Number : | | | | Date of Issue : | | | | | | | | | | | | |
| 8 | Date of Joining in the Unit | | : | | | | | | | | | | | | | | |
| 9 | Date of completion of Pravesh | | : | | | | | | | | | | | | | | |
| 10 | Date of Investiture : | | : | | | | | | | | | | | | | | |
| 11 | Pratham Sopan | | : | | | | | | | | | | | | | | |
| 12 | Dwitiya Sopan | | : | | | | | | | | | | | | | | |
| 13 | Tritiya Sopan | | | | Certificate No. : | | Date of Issue : | | | | | | | | | | |
| (Signature of the SM / GC) | | | | | | | | | (Signature of the Scout / Guide) | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | |
| Name of the Unit Leader : | | | | | | Mobile Number : | | | | | | | | | | | |
| Scouting / Guiding Qualification | | | : | | | | | | | | | | | | | | |
| Warrant No. : | | | | | Date : | | | | Valid upto : | | | | | | | | |
| Unit Registration/Renewal Fee remitted up to 2023-24. | | | | | | | | | | | | | | | | | |
| Signature with Date District Commissioner (S/G) | | | | Signature with Date District Secretary | | | | Signature with Date District Org.Commissioner (S/G) | | | | | | | | | |
| FOR USE OF STATE HEAD QUARTERS | | | | | | | | | | | | | | | | | |
| ADMITTED / REJECTED | | | | | | | | | | | | | | | | | |
| Checked by | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | |
| Name : | | | | | Signature of SOC(S/G) | | | | | | | | | | | | |
| Qualification : | | | | | Name : | | | | | | | | | | | | |