

STUDY II AFTER ADVANCED COURSE/C/S/R

FORM NO-4

Information Sheet to be attached by the Candidates completing Study II

1. NAME (IN BLOCK LETTERS) :
2. DATE OF BIRTH AND AGE :
3. ADDRESS :
4. EDUCATIONAL QUALIFICATION :
5. PROFESSION :
6. NAME OF THE GROUP TO WHICH ATTACHED :
7. PRESENT RANK IN THE MOVEMENT :
8. SECTION IN WHICH ASSIGNMENTS AND STUDY ARE TO BE COMPLETED :
9. WARRANT NO AND DATE :
10. CERTIFICATE NO. AND DATE OF BASIC COURSE/ADVANCED COURSE (AS THE CASE MAY BE) :
11. ARE YOU A HWB HOLDER IN ANY OTHER SECTION. IF SO WHAT? :

DATE:

PLACE:

_____(SIGNATURE OF SCOUTER)

SIGNATURE OF DISTRICT TRG.COMMISSIONER(S) SIGNATURE OF DISTRICT COMMISSIONER(S)