



BHONSALA MILITARY SCHOOL

Dr B S Moonje Marg, Rambhomi, Nashik-422 005.
0253 – 2309608. Fax : 0253 2309605

Website : www.bms.bhonsala.in

E-mail : commandant@bms.bhonsala.in

Student
Recent
Photograph

46TH PDC APPLICATION FORM DURATION : 11 NOVEMBER 18 TO 25 NOVEMBER 18

FOR OFFICE USE ONLY			
APPLICATION & REGISTRATION FEES		Application Received On	
Amount Paid Rs.	Receipt No.	Date	Signature of Cashier
COURSE INCHARGE	COMMANDANT	Adm NO	Admit Not Admit

To,
Commandant

Bhonsala Military School, Nashik – 422 005.

Date:

I wish to apply for admission of myself/my son/ward in [] Course

APPLICANT'S INFORMATION [IN CAPITAL LETTERS ONLY]

Last Name		First Name		Middle Name	
Date of Birth		Place of Birth		T-Shirt Size	
Date of Birth in words					
Permanent / Correspondence Address					
	State		Pin code		
Telephone Number (R) with Area Code	Phone				
	Mobile				
	Email				

Particulars of the PARENT / GUARDIAN / MEMBER

Father's Name		Profession	
Mother's Name		Profession	
Total Family Income (Rs.)			

GUARDIAN DETAILS

Name		Relation with student	
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Profession		Annual Income(approx) in Rs.	
Declarations of Guardian / Parent / Member			
1. I (Name) <input type="text"/> am willing to admit myself/ my son/ward in PDC Camp of Bhonsala Military School, Nashik -5 at my own risk & I will have no claims on authorities for any compensation in the event of any injury or unusual incident due to any accident during the stay/training/traveling from his date of joining the camp.			
2. I hereby declare that I have made myself acquainted with the rules & regulations of the personality development camp & I accept & agree to abide by them as long as I / my son / ward remain in the camp. I shall not hold authorities responsible for the safety of myself/ my son / ward.			
3. I / my son / ward is mentally & physically fit. The Medical Fitness Certificate from a Registered Medical Practitioner is attached herewith.			
Signature		Place	Date
Name of Guardian / Parent / Member			
Relationship to student		Signature of guardian only if Parents are not alive	
This application must be accompanied by [checklist]			
1. D.D. drawn in favor of " <u>Commandant Bhonsala Military School</u> " payable at " <u>Nashik</u> " drawn on any "Nationalized Bank".			
2. Xerox copy of the <u>Birth certificate</u> of the candidate, as issued by the village or municipal authorities, or by the head of a registered nursing home, or by the medical practitioner who delivered the child (with his medical council registration number). / No affidavits or school certificates are acceptable.			

How you came to know about this course (Please tick (√))

1. News Paper. 2. Website.
3. Friend / Relative 4. Other : _____

Incomplete form is likely to be rejected.



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MEDICAL CERTIFICATE

(To be filled in by the family physician or Medical officer [M.B.B.S. OR M.D.])

I have medically examined Master/Miss _____ and in my opinion he is fit to undergo the Personality Development Course mentioned above. He / She is not knock kneed, epileptic or flat footed and has been duly inoculated / vaccinated. He / She is allergic to _____ Height _____ cms Weight _____ Kgs. Blood Group _____

Place : _____ Date : _____

Reg. No. _____



Signature _____

Name _____

Designation _____

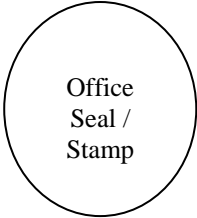
CHARACTER & BIRTH CERTIFICATE

(From Head of institution/school)

I know _____ personally and to the best of my knowledge he bears an exemplary moral character, I recommended him for the Personality Development Course. His date of birth as per our records is _____.

Place : _____ Date : _____

Reg. No. _____



Signature _____

Name _____

Designation _____



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INDEMNITY BOND AND CERTIFICATE



- 1) I Confirm that my ward / son / daughter is physically and medically fit to undertake the rigorous training of the course.
- 2) I agree to adhere strictly to the rules and discipline of the course and abide by the directions of the organizing authority or the nominee an all times during the course. Failing for which I shall be liable for expulsion.
- 3) In case of any injury, accident or sickness I or any member of my family shall not hold responsible to Bhonsala Military School or the instructors or any staff wholly or partially either individually or jointly responsible and no compensation will be claimed by me.
- 4) I hereby declare that to the best of my knowledge I do not suffer from any ailment or disability likely to handicap me in undergoing the course. I am taking part in this course at my own risk.
- 5) I also hereby declare that if my son/ward leaves school campus without authenticated permission, I will not held responsible to any dignitary of Bhonsala Military School or the instructors or any staff wholly or partially, either individually or jointly and no compensation will be claimed by me.
- 6) This Indemnity bond / certificate is given by me with due diligence & on the basis of information imparted to me by Bhonsala Military School authorities.

Signature of Guardian / Parents

Signature of Applicant

Name of Guardian / Parents _____

Relationship with ward _____ Date _____ Place _____

Witness Sign	1)	2)
Name	1)	2)
Address		
Mobile No		