



BHONSALA MILITARY SCHOOL

Dr B S Moonje Marg, Rambhomi, Nashik-422 005.
0253 – 2309608. Fax : 0253 2309605
commandant@bms.bhonsala.in

www.bms.bhonsala.in

Student
Recent
Photograph

80th SMTC APPLICATION FORM FROM 01ST MAY 2017 TO 31ST MAY 2017

| FOR OFFICE USE ONLY | | | | |
|---------------------------------|-------------|-------------------------|----------------------|----------|
| APPLICATION & REGISTRATION FEES | RS 22,500/- | Application Received On | | |
| Amount Paid Rs. | Receipt No. | Date | Signature of Cashier | |
| | | | | |
| COURSE INCHARGE | COMMANDANT | Adm NO | Admi | Not Admi |
| | | | | |

To,
Commandant
Bhonsala Military School, Nashik – 422 005.

| | | | |
|-------|--|--|--|
| Date: | | | |
|-------|--|--|--|

| 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 | | |
| Profession | | Annual Income(approx) in Rs. | | |



BHONSALA MILITARY SCHOOL

Declarations of Guardian / Parent / Member

1. I (Name)_____ am willing to admit myself/ my son/ward in SMTC Course 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.

| | | | | | |
|------------------------------------|--|---|--|-----------|--|
| DD No | | Date | | Bank Name | |
| Parents 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 "**Commandant Bhonsala Military School**" payable at "**Nashik**" drawn on any "Nationalized Bank".
2. Xerox copy of the **Birth certificate** 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 (✓))

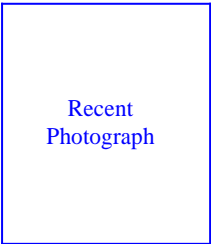
- | | |
|----------------------|------------------|
| 1. News Paper. | 2. Website. |
| 3. Friend / Relative | 4. Other : _____ |

Incomplete form is likely to be rejected.



BHONSALA MILITARY SCHOOL

MEDICAL CERTIFICATE



Recent
Photograph

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

I have medically examined Master _____ and in my opinion he is fit to undergo the Summer Military Training Course mentioned above. He / She is not knock kneed, epileptic or flat footed and has been duly inoculated / vaccinated. He / She is allergic to _____.

His / Her Height _____ cms, Weight _____ Kgs and 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 and I recommended him for the Summer Military Training Course. Presently he is studying in _____ Std and his date of birth as per our records is _____.

Place : _____ Date : _____

Reg. No. _____



Signature

Name _____

Designation _____



BHONSALA MILITARY SCHOOL

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 | | |
| Address | | |
| Mobile | | |



BHONSALA MILITARY SCHOOL

BMS/80th SMTC/2017

Date: _____

TAILORS MEASUREMENT

Student Name : _____

Contact No : _____ Mobile _____

| HALF SHIRT | | FULL PANT | |
|--------------------|--------------------|--------------------|--------------------|
| PARTICULARS | MEASUREMENT | PARTICULARS | MEASUREMENT |
| Shirt Height | | Pant Height | |
| Shoulder | | West | |
| Sleeve Length | | Hips | |
| Chest | | HALF PANT | |
| | | Height | |
| Shoes Size | | | |

Signature of Parent / Guardian : _____

Name of Parent / Guardian : _____

For more information or any query please contact on Office: +91-253-2309605 / 08