



CHME SOCIETY'S

BHONSALA MILITARY SCHOOL, Nashik

ONLINE REGISTRATION APPLICATION FORM

Date :

Year :

Students
Recent
Photograph
(with in 3 months)

Not Older than
3 Months

To
The Commandant
Bhonsala Military School, Nashik - 422 005.

I wish to apply for admission of my son / ward in () Std.

APPLICANTS INFORMATION (IN CAPITAL LETTERS ONLY)

Student's Name (Start with Surname)							
Date of Birth		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Birth				
DOB in words							
Aadhar No.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Permanent Address (Home)							
		State			PIN Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Phone				Nationality			
Mobile				Caste			
E-mail				Sub Caste			
Religion				Mother Tongue			
Std. in which he is studying				Medium		(Hindi / Marathi / English)	
Last year Final Exam	Marks	Out of	% Obtained	Current year Mid-term Exam	Marks	Out of	% Obtained

PARTICULARS OF THE PARENT / GUARDIAN

Father's Name		Educational Qualification	
Profession		Annual Income (Approx) in Rs.	
Mother's Name		Educational Qualification	
Profession		Annual Income (Approx) in Rs.	



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BHONSALA MILITARY SCHOOL, Nashik

REGISTRATION APPLICATION FORM FOR ACADEMIC

Declarations of Guardian / Parent,

1. I (Name) am willing to admit my son / ward in 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 school.
2. I hereby declare that I have made myself acquainted with the rules & regulations of the school & I accept & agree to abide by them as long as my son / ward remain in the school. I shall not hold school authorities responsible for the safety of my son / ward.
3. I shall regularly pay in advance the annual school fees & meet all the incidental expenses at the school if my son / ward is admitted to the school.
4. My son / ward is mentally & physically fit. The Medical Fitness Certificate from a Registered Medical Practitioner is attached herewith.

Date :

Plate :

Signature of Guardian / Parent

The application must be accompanied by (checklist)

- 1) D.D. of Rs.:710/- drawn in favor of "**Commandant, Bhonsala Military School**" Payable at Nashik drawn on any **Nationalized Bank**.
- 2) Progress report of the **Annual Exam** of the last year.
- 3) Progress report of the **Mid-term Exam**. Current Year (True Copy)
- 4) Xerox copy of the **Birth Certificate** of the candidate, as issued by the village or municipal authorities, or by the head of the 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.
- 5) Xerox copy of **Caste Certificate**.
- 6) Xerox copy of Aadhar Number.

INDEMNITY BOND AND CERTIFICATE

1. I confirm that my ward / son / daughter is physically and medically fit to undertake the training of the school curriculum.
2. I agree to adhere strictly to the rules and discipline of the school and abide by the directions of the school authority. Failing for which my ward shall be liable for expulsion from admission.
3. In case of any injury, accident or sickness to my ward, I will not hold responsible 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, my ward does not suffer from any ailment or disability likely to handicap his undergoing the school routine.
5. I also here by 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. The Indemnity bond / certificate is given by me with due diligence & on basis of information imparted to me by Bhonsala Military School authorities. I have completely understood the information.

Signature of Guardian / Parent

Signature of Applicant

Name of Local Guardian _____ Mobile No. _____

Address _____

Relationship with ward _____ Date _____ Place _____

Witness Sign	1.	2.
Name		
Address with Mobile No. & E-mail ID		

INCOMPLETE FORM IS LIKELY TO BE REJECTED