



CHME Society's

# BHONSALA MILITARY SCHOOL, NASHIK

भोंसला मिलिटरी स्कूल, नाशिक

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## REGISTRATION APPLICATION FORM FOR XI / XII STANDARD SCIENCE STREAM - ACADEMIC YEAR 2021-22

### FOR OFFICE USE ONLY

Passed S.S.C. Exam Of		Board		Year	
MARK SHEET VERIFIED					
	Marks Obtained	Marks Out of	Overall Percentage		
Science			Admission Required	Boarder	Day Scholar
Mathematics			Checked By		
Remark					
ADMITTED	NOT ADMITTED	PRINCIPAL	COMMANDANT		
FEES PAID					
Particulars	Fees	Fees Paid	Receipt No & Date	Sign	
Prospectus & Registration	1,100				
Admission Confirmation (Non Refundable)	11,000				
First Installment Fees	89,000				
Second Installment Fees	90,000				
<b>Jr. College Total Fees</b>	<b>1,90,000</b>				

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

Date:

Dear Sir,  
I wish to apply for admission of my son / ward in [ **XI / XII SCIENCE** ] Std.

APPLICANT'S INFORMATION	Surname	Student Name	Middle Name
Student's Name (Full Name)			
Father's Name (Full Name)			
Mother's Name (Full Name)			
Date Of Birth (DD/MM/YYYY)		Blood Group	Place of Birth

DOB in words											
Caste		Sub-Caste		Religion		Category					
Mother Tongue			Nationality								
Student Aadhar Number											
Particulars of Parents / Guardian											
Particulars		Occupation	Designation	Educational Qualification		Annual Income					
Father's											
Mother's											
Guardian's (If Required)											
Postal Address											
		Pin Code		State							
		Mobile Number			E-mail Address						
Student's											
Father's											
Mother's											
Guardian's (If Required)											
<b>JUNIOR COLLEGE SUBJECTS</b>											
<b>Compulsory Subjects</b>						<b>Optional Subjects (Please ✓ any two subjects)</b>					
1) English 2) General Knowledge 3) Physics 4) Chemistry						5) Mathematics 6) Defence Studies (Optional) 7) Biology (Optional) * May change if government applies CBSE Curriculum.					

I hereby attach the following attested Xerox copies of each.

**A) For students of S.S.C. Exam, from Maharashtra State Board of Secondary & Higher Secondary Education**

- 1) School Leaving Certificate (duly counter signed by District Education Officer)
- 2) Mark Sheet of Board Examination.
- 3) Certificates-First Attempt and Character from the School.

**B) For students of S.S.C. Exam, from out of Maharashtra or other than Maharashtra State Board of Secondary & Higher Secondary Education (ICSE or CBSE etc.)**

- 1) School leaving Certificate / Transfer Certificate.
- 2) Mark Sheet of Board Examination.
- 3) Passing Certificate of Board Examination.
- 4) Certificate: First attempt certificate and character certificate from the school.
- 5) Migration Certificate in Original after confirmation of admission.
- 6) Eligibility Certificate from Nashik Divisional Board after confirmation of admission.

## DECLARATIONS OF GUARDIANS

- a) I (Name) ..... am willing to admit my son/ward..... in Bhonsala Military School, Nashik-5 for two years at my own risk and I will have no claims on authorities for any compensation in the event of any injury or unusual incident due to any accident during training and travelling from his date of joining the school.
- b) **I know the Junior College is a TWO-YEAR COMPOSITE COURSE and I will NOT WITHDRAW my son / ward after passing XI Class F.Y.J.C.**
- c) I hereby declare that I have made myself acquainted with the rules and regulations of the school and I accept and agree to abide by them as long as my son/ward remains in the school.
- d) My son/ward is mentally & physically fit. The Medical Fitness Certificate from a Register Medical Practitioner is attached herewith.
- e) I will obtain the eligibility certificate from Maharashtra State Board of Secondary & Higher Secondary Education, Nashik Divisional Board, Nashik and submit within 15 days.

Place :

Date :

Signature of Student

Signature of Parents (Father/Mother)

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_



Signature of Guardian

Full Name \_\_\_\_\_

Relation with Ward \_\_\_\_\_

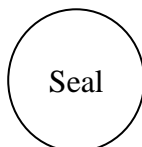
## MEDICAL CERTIFICATE

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

I have medically examined Master \_\_\_\_\_ and in my opinion he is fit to undergo the Regular School admission in Military School as mentioned above.

- 1) He is not knock kneed, epileptic or flat footed and has been duly inoculated / vaccinated.
- 2) He is allergic to \_\_\_\_\_ Height \_\_\_\_\_ cms Weight \_\_\_\_\_ Kgs. BMI \_\_\_\_\_
- 3) Blood Group \_\_\_\_\_
- 4) His latest CBC blood test report is attached
- 5) He does not have any symptoms of COVID 19.
- 6) RTPCR Test Report Attached (On Final Admission to School)

Place : \_\_\_\_\_  
Date : \_\_\_\_\_



Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Reg. No. \_\_\_\_\_  
Designation \_\_\_\_\_

## INDEMNITY BOND AND CERTIFICATE

- 1) I Confirm that my ward / son 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 at all times during the course, failing 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 the 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/son does not suffer from any ailment or disability likely to handicap him in undergoing the course. I am willingly participating 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 staff appointment 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.
- 7) My ward /son will take all Covid-19 precaution as advocated by the School.

Signature of Guardian / Parents \_\_\_\_\_  
Name of Guardian / Parents \_\_\_\_\_

Signature of Student \_\_\_\_\_

Relationship with ward \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

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