



# BHONSALA MILITARY SCHOOL

Dr B S Moonje Marg, Rambhomi, Nashik-422 005.

☎ 0253 – 2309608 & 0253 2309605

Website : www.bms.bhonsala.in

E-mail : commandant@bms.bhonsala.in

Student's  
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## 83rd SMTC APPLICATION FORM

**DURATION : 01 May 2022 TO 31 MAY 2022**

FOR OFFICE USE ONLY				
APPLICATION & REGISTRATION FEES	RS 30,000/-	Application Received On		
Amount Paid Rs.	Receipt No.	Date	Signature of Cashier	
COURSE INCHARGE	COMMANDANT	Adm No	Adm	Not Adm

To,  
Commandant

Bhonsala Military School, Nashik – 422 005.

Date:

I wish to apply for admission of myself/my son/ward in **Summer Military Training Course (SMTC)**.

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.			



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## 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	
Parent's 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 following documents :-

1. **Demand Draft (D.D.)** of Rs 30,000/- in favor of "**Commandant Bhonsala Military School**" payable at "**Nashik**" drawn on any "Nationalized Bank". Fee to be paid through Demand Draft only.
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.
3. Xerox copy of the Aadhar Card of the candidate.

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.] )

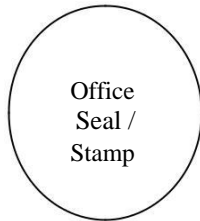


I have medically examined Master \_\_\_\_\_ and in my opinion he is fit to undergo the Summer Military Training Course mentioned above. He / She is not knock kneed, epileptic or flat footed and has been duly inoculated / vaccinated. He / She is allergic to \_\_\_\_\_.

His / Her Height \_\_\_\_\_ cms, Weight \_\_\_\_\_ Kgs and Blood Group \_\_\_\_\_.

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

Reg. No. \_\_\_\_\_



Signature

Name \_\_\_\_\_

Designation \_\_\_\_\_

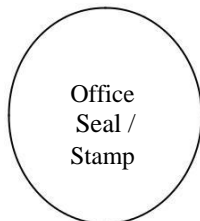
## CHARACTER & BIRTH CERTIFICATE

(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. His date of birth as per our records is \_\_\_\_\_.

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

Reg. No. \_\_\_\_\_



Signature

Name \_\_\_\_\_

Designation \_\_\_\_\_



Student's  
Recent  
Photograph

## **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 Signature	1)	2)
Name		
Address		
Mobile		



# BHONSALA MILITARY SCHOOL

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

## TAILOR'S MEASUREMENT

Student's Name : \_\_\_\_\_

Contact No : \_\_\_\_\_ Mobile \_\_\_\_\_

<u>HALF SHIRT</u>		<u>FULL PANT</u>	
PARTICULARS	MEASUREMENT (In Inch only)	PARTICULARS	MEASUREMENT (In Inch only)
Shirt Height (ऊंचाई)		Pant Height (ऊंचाई)	
Shoulder (कंधा)		Waist (कमर)	
Sleeve Length (बाजू)		Hips (शिट)	
Chest (सीना)		Thigh (जाँघ)	
Neck (गला)		<u>HALF PANT</u>	
		Height (ऊंचाई)	
		Waist (कमर)	
		Hips (शिट)	
		Thigh (जाँघ)	
<b>Shoes Size</b> (In Number like 6 or 7 or 8 or 9 or 10 or 11 or 12)			
<b>T-Shirt Size</b> (In Number like 30 or 32 or 36 or 38 or 40 or 42 or 46)			

Signature of Parent / Guardian : \_\_\_\_\_

Name of Parent / Guardian : \_\_\_\_\_

For more information or any query please contact on Office: +91-253-2309608