



CENTRAL HINDU MILITARY EDUCATION SOCIETY'S

# BHONSALA MILITARY SCHOOL, NASHIK

UDISE No: 27201602709 School Index No: S13.17.038 Jr College Index No: J13.17.020



Dr B S Moonje Marg, Rambhoomi, Nashik – 422005



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## REGISTRATION APPLICATION FORM FOR JUNIOR COLLEGE SCIENCE STREAM - ACADEMIC YEAR 2024-25

### FOR OFFICE USE ONLY

#### Form In-word details

In-word Number		In-word Date		IW Sign	
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#### SELECTION DETAILS

ADMITTED	NOT ADMITTED	PANNEL MEMBER	PRINCIPAL	COMMANDANT	

#### FEES DETAILS

Particulars	Fees	Fees Paid	Particulars	Fees	Fees Paid
Registration Fees	1,100		First Installment Fees	1,00,000	
Admission Confirmation (Non Refundable)	10,000		Second Installment Fees	1,00,000	

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

Date:

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

#### APPLICANT'S INFORMATION [ IN CAPITAL LETTERS ONLY ]

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)				
JUNIOR COLLEGE SUBJECTS				
1) English 2) General Knowledge 3) Physics 4) Chemistry		5) Mathematics 6) Defence Studies		

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.

Pay the registration fee Rs. 1100/- using following bank details through NEFT/RTGS/UPI. Attach print /xerox copy of the receipt along with the Application form.

**Name: Commandant Bhonsala Military School Nashik**

**Bank Name: HDFC Bank, Branch Name : Thatte Nagar , Nashik**

**Account No: 50100217027870**

**IFSC Code: HDFC0000064**

## DECLARATION OF GUARDIAN

- a) I (Name) ..... am willing to admit my son/ward..... in Bhonsala Military School, Nashik-5 for two years in the Junior College 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 Registered 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

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 hold responsible 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.

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		