



# BHONSALA MILITARY SCHOOL

Dr. B.S. Moonje Marg, Rambhoomi, Nashik - 422005.

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## 52<sup>nd</sup> PDC APPLICATION FORM

**DURATION: 14<sup>th</sup> Apr 2025 TO 28<sup>th</sup> Apr 2025**

FOR OFFICE USE ONLY				
APPLICATION & REGISTRATION FEES	Rs 25,000/-	Application Received On		
Amount Paid Rs.	Receipt No.	Date	Signature of Cashier	
COURSE INCHARGE	COMMANDANT	Adm No	Admitted	Not Admitted

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

Date

I wish to apply for admission of myself/my son/ward in [ ] Course

APPLICANT'S INFORMATION		[ IN CAPITAL LETTERS ONLY ]	
Last Name		First Name	Middle Name
Date of Birth	Place of Birth	Age	
Date of Birth ( in words )		T-Shirt Size	
Permanent / Correspondence Address			
State	Pin code		
Telephone number(R) with Area Code	Phone		
	Mobile		
	Email		
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/my ward in PDC Camp 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 / my ward.
3. I / my son / my ward is mentally & physically fit. The Medical Fitness Certificate from a Registered Medical Practitioner is attached herewith.

Signature	Place	Date
Name of Guardian / Parent / Member		
Relationship to student	Signature of guardian only if Parents are not alive	

This application must be enclosed by [checklist]

1. **Demand Draft (D.D.)** drawn in favor of "**Commandant Bhonsala Military School (PDC)**" 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 did you come 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 Personality Development Course mentioned above. He / She is not knock kneed, epileptic or flat footed and has been duly inoculated / vaccinated. He / She is allergic to \_\_\_\_\_. Height \_\_\_\_\_ cms, Weight \_\_\_\_\_ Kgs. Blood Group \_\_\_\_\_

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

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

Signature

Regn. No. \_\_\_\_\_

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, I recommended him for the Personality Development Course. His date of birth as per our records is \_\_\_\_\_.

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

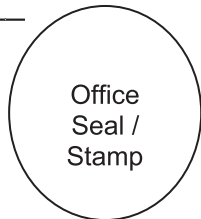
Date : \_\_\_\_\_

Signature

Regn. No. \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_





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## INDEMNITY BOND AND CERTIFICATE

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- 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 for 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	1)	2)
Address		
Mobile No		