

BHONSALA MILITARY COLLEGE

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

☎ 0253 – 2309610. Fax : 0253 2309611

✉ bmcnghostel@yahoo.com; website : bmc.bhonsala.in

12th SUMMER MILITARY TRAINING FORM

Age Group : 15 to 21 Years

02nd April 2017 to 22nd April 2017

FOR OFFICE USE ONLY				
APPLICATION & REGISTRATION FEES	₹ 17,500	Application Received On		
Amount Paid Rs.	Receipt No.	Date	Signature of Accountant	
ACCOUNT'S SUPERVISOR	PRINCIPAL	Adm NO	Admi	Not Admi

To,

Principal

Bhonsala Military College, Nashik – 422 005.

Date:

I wish to apply for admission of myself/my Daughter /ward in SMTC - 2017

APPLICANT'S INFORMATION [IN CAPITAL LETTERS ONLY]					
Last Name		First Name		Middle Name	
Date of Birth		NCC /Scout /Guide / NSS		Sports	
Date of Birth in words					
Permanent / Correspondence Address					
	State		Pin code		
Telephone number(R) with Area Code	Phone	Mobile	Fax	Email	
Particulars of the PARENT / GUARDIAN / MEMBER					
Father's Name			Profession		
Mother's Name			Profession		
Total Family Income (Rs.)					
LOCAL GUARDIAN DETAILS					
Name			Relation with student		
Profession			Annual Income(approx) in Rs.		

*Mode of Payment

Online payment through NEFT/RTGS on Jalgaon Janta Bank account no. 27023000563 (BMS branch, Nashik), IFSC JJSB0000025
Beneficiary Name : Principal, BMC SMTC



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Declaration by Guardian / Parent / Member

1. I (Name) _____ am willing to admit myself / my daughter / ward in the SMTC camp of Bhonsala Military College, Nashik 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 the stay/training/travelling from her date of joining the camp.
2. I hereby declare that I have made myself acquainted with the rules and regulations of the SMTC camp and I accept & agree to abide by them as long as I / my daughter / ward remain in the .camp..I shall not hold the authorities responsible for the safety of myself / my daughter/ ward.
3. I / my daughter / ward is mentally & physically fit. The medical fitness certificate from a registered 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 accompanied by [checkboxlist]					
<ol style="list-style-type: none"> 1. Transaction ID of NEFT/RTGS 2. Xerox copy of the <u>Birth certificate</u> 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 her medical council registration number). / No affidavits or College certificates are acceptable. 					

Incomplete form is likely to be rejected.

MEDICAL CERTIFICATE

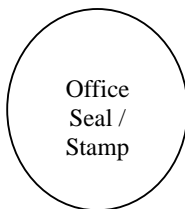


(To be filled in by the family physician or Medical officer [M.B.B.S. OR M.D.])

I have medically examined Miss _____ and in my opinion she is fit to undergo the Summer Military training Course mentioned above. She is not knock kneed, epileptic or flat footed and has been duly inoculated / vaccinated. She is allergic to _____
 Height _____ cms Weight _____ Kgs. Blood Group _____

Place : _____ Date : _____

Reg. No. _____



Signature _____

Name _____

Designation _____

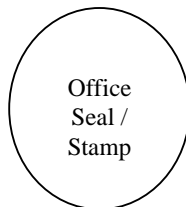
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CHARACTER & BIRTH CERTIFICATE (From Head of institution)

I know _____ personally and to the best of my knowledge she bears an exemplary moral character, I recommended her for the Summer Military Training Course. Her date of birth as per our records is _____.

Place : _____ Date : _____

Reg. No. _____



Signature _____

Name _____

Designation _____

INDEMNITY BOND AND CERTIFICATE

- 1) I Confirm that my ward / 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 College 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 there course at my own risk.
- 5) I also hereby declare that if my Daughter /ward leaves College campus without authenticated permission, I will not held responsible to any dignitary of Bhonsala Military College 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 **us** with due diligence & on the basis of information imparted to me by Bhonsala Military College authorities.

Signature of Guardian / Parents _____

Signature of Applicant _____

Name of Guardian / Parents _____

Relationship with ward _____ Date _____ Place _____

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(Please take print out on new page)

Measurement

Student's Name : _____

Contact No. : _____

Size of Tracksuit : _____

Signature of the Parent / Guardian : _____

Name of the Parent / Guardian : _____

*Note : Attach relevant documents where required (e.g. proof of Date of Birth)