



CHME Society's  
**Bhonsala Military College**  
Dr. B.S.Moonje Marg  
Rambhoomi , Nashik -5  
Ph. 0253-2309610. Mail – smtc@bmc.bhonsala.in  
Mob : 9423577512

**15<sup>th</sup> SUMMER MILITARY TRAINING COURSE for Girls**  
**APPLICATION FORM**  
**Age group : 15 – 21 Years**  
**Duration – 21 Days (15<sup>th</sup> April to 5<sup>th</sup> May 2022)**

Affix  
Recent  
Passport  
Sized  
Photograph

APPLICANT'S INFORMATION					
First Name		Middle Name		Last Name	
Date of Birth	/	/	Age		
Correspondence Address					
	State		Pin Code		
Phone (R)		Mobile			
Aadhaar		Email			
PARTICULARS OF PARENTS					
Mobile		E-mail			
Father's Name		Profession			
Mother's Name		Profession			
GUARDIAN'S DETAIL					
Name		Mobile			
Relation with the applicant					
Payment Details					
Course Fee : Rs. 21,000 (Non-refundable)					
Demand Draft	D.D. No.:		Date :	/	/
Online Payment	Transaction ID:		Date :	/	/

FOR OFFICE USE ONLY			
Application received on	Amount Paid	Receipt No.	Signature of cashier
Date : / /			
Course In-charge	Principal	Admitted	Not-Admitted

**Declaration by Parent / Guardian**

1. I \_\_\_\_\_ am willing to admit my daughter / ward in the SMTC of Bhonsala Military College, Nashik at my own risk and I will not claim any compensation from the authorities in the event of any injury / unusual incident due to any accident during the stay / training / travelling from her date of joining the course.
2. I hereby declare that I have made myself acquainted with the rules and regulations of the SMTC and I accept and agree to abide by them as long as my daughter / ward remain in the course. I shall not hold the authorities responsible for the safety of my daughter / ward.
3. My daughter / ward is mentally and physically fit. The medical fitness certificate from a registered practitioner is attached herewith.

<b>Relationship with Student :</b>	<b>Signature :</b>
<b>Place</b>	<b>Date     /     /</b>

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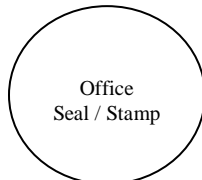
**MEDICAL CERTIFICATE**

**(To be filled in by the Family Physician / 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 :     /     /



Name :

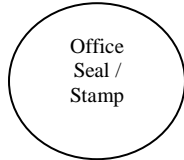
Designation :

Signature :

**CHARACTER & BIRTH CERTIFICATE** (From Head of institution)

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

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



Name :

Designation :

Signature :

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**INDEMNITY BOND AND CERTIFICATE**

1. I confirm that my daughter / ward is physically and medically fit to undertake the rigorous training of the course.
2. I also hereby declare that if my daughter / ward leave the college campus without official permission, I will not hold the college authorities, staff or instructors responsible and no compensation will be claimed by me.
3. I agree to adhere to the rules 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.
4. I hereby declare that to the best of my knowledge, I do not suffer from any ailment or disability likely to handicap me while undergoing the course. I am taking part in this course at my own risk.
5. In case of injury, accident or sickness I or any member of my family shall not hold the college authorities, staff or instructors responsible either individually or jointly and no compensation shall be claimed by me.
6. I am also aware of the fact that the course fee is non-refundable under any circumstances once the admission is confirmed.
7. The Indemnity bond / certificate is given by us with due diligence and on the basis of the information provided to me by Bhonsala Military College authorities.

**Signature of the Parent / Guardian**

**Signature of the applicant**

**Relationship with the ward:**

**Date:** / / **Place:**