



CHME Society's
Bhonsala Military College
Dr. B.S.Moonje Marg
Rambhoomi , Nashik -5
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Mob : 9423577512

16th SUMMER MILITARY TRAINING COURSE for Girls
APPLICATION FORM
Age group : 15 - 21 Years
Duration - 21 Days (20th April to 10th May 2023)

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. 30,000 (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 will ensure that my daughter / ward abide by them as long as she remains in the course.
3. My daughter / ward is mentally and physically fit. The medical fitness certificate from a registered practitioner is attached herewith.

Relationship with Student :	Signature :
Place	Date / /

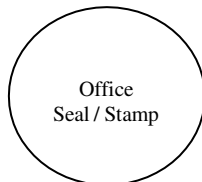
MEDICAL CERTIFICATE

(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 :

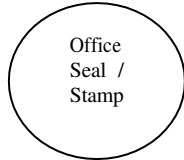
Designation :

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 :

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 refund / compensation will be claimed by me.
3. I will ensure that my daughter / ward 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 my daughter / ward shall be liable for expulsion.
4. I hereby declare that to the best of my knowledge, my daughter / ward does not suffer from any ailment or disability likely to handicap her while undergoing the course. She is taking part in this course at her 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 me 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 applicant :

Date: / / **Place:**