

CHME Society's Bhonsala Military College

Dr.B.S.Moonje Marg Rambhoomi, Nashik-5

Ph.0253-2309610.Mail- pdc@bmc.bhonsala.in Mob :9423577512 / 9422371809

16th PERSONALITY DEVELOPMENT COURSE for Girls APPLICATION FORM

Age group:12-15Years **Duration-** 15 Days (10th May to 24th May 2024)

Affix Recent Passport Sized Photograph

APPLICANT'S INFORMATION								
First Name		Middle Na	ıme		Last	Name		
Date of Birth	/	1	Age					
Correspondence Address								
	State		PinCode					
Phone(R)				Mobile				
Aadhaar			Eı	Email				
PARTICULARS OF PARENTS								
Mobile		E-mail						
Father's Name		Profession						
Mother'sName				Profession				
GUARDIAN'S DETAIL								
Name				Mobile	!			
Relation with the applicant								
PaymentDetails								
Course Fee : Rs.25,000 (Non-refundable)								
Demand Draft D.D. No.:						Da	ite: /	1
Online Payment Transaction ID:					Da	ite: /	/	
FOR OFFICE USE ONLY								
Application received on Date: / /		AmountPa		ReceiptNo.		Signa	Signature of cashier	

Admitted

Not-Admitted

Principal

CourseIn-charge

DeclarationbyParent / Guardian

1.	Iam willing to admit my daughter/ward
	in the PDC 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 incidentdue to any
	accident during the stay / training / travelling from her date of joining thecourse.
_	

- 2. I hereby declare that I have made myself acquainted with the rules and regulations of the PDC 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 here with.

Relationship withStudent:	Signature:
Place	Date / /

MEDICALCERTIFICATE

(To be filled in b	y the Family	y Physician /	' Medical officeı	· [M.B.B.S. OR	M.D.]

•	• •		•
I have medically exam	nined Miss	and in	my opinion she is
fitto undergo the Pers	sonality Development Co	urse mentioned above. She	is not knock-kneed,
epileptic or flat footed	and has been duly inocul	ated / vaccinated. She is aller	gic to
Heightcms	Weight	_kgs. BloodGroup	
Place:	Date: / /		
		Name :	
	OfficeSe al/Stamp	Designation :	
		Signature :	

CHARACTER & BIRTH CERTIFICATE (From Head of institution)

_	perso perso perso lary moral character, I recommend her for our records is	•	st of my knowledge she bears an elopment Course. Her date of birth				
Place:_	Date: / / Office Seal /Stam p	Name Designation Signature	: :				
INDEMNITYBONDANDCERTIFICATE							
1.	. I confirm that my daughter/ ward is physically and medically fit to undertake the rigorous training of the course.						
2.	2. I also hereby declare that if my daughter/ward leaved 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.	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.	4. I hereby declare that to the best of my knowledge, my daughter / ward do 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.	6. I am also aware of the fact that the course fee is non-refundable under any circumstances once the admission is confirmed.						
7.	7. The Indemnity bond /certificate is given by us with due diligence and on the basis of th information provided to me by Bhonsala Military College authorities.						
Signat	ure of the Parent / Guardian	S	ignature of the applicant				

Date: / /

Place:

Relationship with theward: