



CHME Society's
Bhonsala Military College
Dr.B.S.Moonje Marg Rambhoomi,
Nashik-5
Ph.0253-2309610. Mail- smtc@bmc.bhonsala.in
Mob :9423577512 / 9422371809

17th SUMMER MILITARY TRAINING COURSE for Girls
APPLICATION FORM
Age group:15-21 Years
Duration-21Days(15th April to 5th May 2024)

Affix
Recent
Passport
Sized
Photograph

APPLICANT'S INFORMATION

First Name		Middle Name		Last Name	
Date of Birth	/	/	Age		
Correspondence Address					
	State		PinCode		
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 here with.

Relationship with Student :	Signature:
Place	Date / /

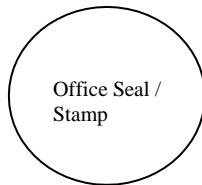
MEDICAL CERTIFICATE

(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 :

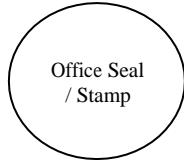
Signature :

CHARACTER&BIRTHCERTIFICATE

(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 :

INDEMNITYBONDANDCERTIFICATE

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 leaves 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 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, 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 us by Bhonsala Military College authorities.

Signature of the Parent / Guardian

Signature of the applicant

Relationship with theward:

Date: / / Place: