



Central Hindu Military Education Society's

BHONSALA MILITARY COLLEGE

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

☎ 0253 – 2309610. Fax : 0253 2309611

✉ pdc@bmc.bhonsala.in ; Website : bmc.bhonsala.in

Recent
Photograph

14th PERSONALITY DEVELOPMENT COURSE FORM

Age Group : 12 to 15 years

Camp Duration : 26th April to 10th May 2020

FOR OFFICE USE ONLY				
APPLICATION & REGISTRATION FEES	Rs. 20,000 /-	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 PDC - 2020

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			

LOCAL GUARDIAN DETAILS			
Name		Relation with student	
Profession		Mobile Number	

*Mode of Payment

D.D. in favour of Principal, Bhonsala Military College, Nashik

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Declaration by Parent / Guardian

1. I _____ am willing to admit my daughter / ward in the PDC camp of Bhonsala Military College, Nashik at my own risk and I will have no claims on the 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 PDC camp and I accept and agree to abide by them as long as my daughter / ward remain in the camp. 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.

Relationship with student :

Signature :

Place :

Date :

This application must be accompanied by [Checklist]

1. Demand Draft
2. Photocopy of Birth Certificate / Leaving Certificate issued by a competent authority.
3. Photocopy of PAN card (Parent / Guardian)

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 Personality Development 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. _____

Office
Seal /
Stamp

Signature

Name _____

Designation _____

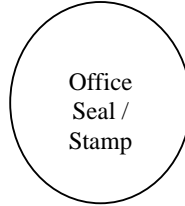
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CHARACTER CERTIFICATE

(From the head of the institution)

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

Place : _____ Date : _____



Signature _____

Name _____

Designation _____

INDEMNITY BOND AND CERTIFICATE

1. I confirm that my ward / daughter is physically fit to undertake the rigorous training of the course.
2. I also hereby declare that if my ward / daughter 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 agree to adhere strictly to the rules and discipline of the course and abide by the directions of the organising authority of the nominee during the course, failing which I shall be liable for expulsion.
4. I hereby declare 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 the course at my own risk.
5. In case of accident, injury 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. The indemnity bond / certificate is given by us with due diligence and on the basis of information imparted to me on the basis of 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 : _____

Size of Shoes : _____

Signature of the Parent / Guardian : _____

Name of the Parent / Guardian : _____

* Note : Attach Relevant Certificate Where required (E.g Proof of Date or Birth)