



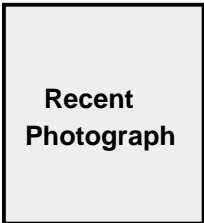
Central Hindu Military Education Society's

# BHONSALA MILITARY COLLEGE

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

☎ 0253 – 2309610. Fax : 0253 2309611

✉ smtc@bmc.bhonsala.in ; website - www.bmc.bhonsala.in



## 15th Summer Military Training Course Form

Age Group : 15 to 21 Years

Camp Duration : 30th March to 19th April 2020

FOR OFFICE USE ONLY				
APPLICATION & REGISTRATION FEES	<b>Rs.25000</b>	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:			
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I wish to apply for admission of myself/my Daughter /ward in SMTC 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 no.

\*Mode of Payment

1. D.D in favour of Principal, Bhonsala Military College, Nashik - 5



# BHONSALA MILITARY COLLEGE

## Declaration by Parent / Guardian

1. I \_\_\_\_\_ am willing to admit my daughter / ward in the SMTC camp 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 camp.
2. I hereby declare that I have made myself acquainted with the rules and regulations of the SMTC 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
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Place :

Date :

This application must be accompanied by [Checklist]

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

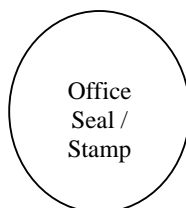
**Incomplete form is likely to be rejected.**

## 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 **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 : \_\_\_\_\_



Signature

Name \_\_\_\_\_

Designation \_\_\_\_\_

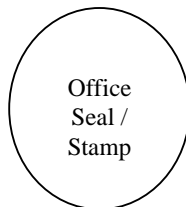
# BHONSALA MILITARY COLLEGE

## CHARACTER CERTIFICATE

( From 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 Summer Military Training Course. Her date of birth as per our records is \_\_\_\_\_.

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



Signature

Name \_\_\_\_\_

Designation \_\_\_\_\_

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## 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 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 agree to adhere strictly to the rules and discipline of the course and abide by the directions of the organizing authority or the nominee 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.
4. 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.
5. The Indemnity bond / certificate is given by us with due diligence and on the basis of the information imparted to me by Bhonsala Military College authorities

Signature of Guardian / Parents

Signature of Applicant

Name of Guardian / Parents \_\_\_\_\_

Relationship with ward \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

# BHONSALA MILITARY COLLEGE

(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 documents where required ( e.g. proof of Date of Birth)