

APPLICATION FOR SECONDARY SECTION

No.

FOR OFFICE USE ONLY

Class _____ Medium _____ Registration fees paid Rs _____ Receipt No _____

Boarder/day Scholar/Staff Ward. _____

Admitted /Provisionally / not Admitted _____

Amount Paid Rs _____ R. No. _____ Date. _____

Signature of Cashier

Principal _____ Connandant _____

Rd. No.

APPLICATION FOR ADMISSION

To,

BHONSALA MILITARY SCHOOL (GIRLS), NASHIK-422 005.

Dear Sir,

I wish to apply for admission of my daughter in _____ std. _____

WHOSE PARTICULARS ARE GIVEN BELOW.

a) _____

(Surname)

(Name)

(Father's Name)

b) Mother's Name _____

c) Date of Birth

--	--	--	--	--	--	--	--

DD MM Year

Place of Birth _____

d) Standard in which she is studying presently _____ in Hin/Mar/Eng.medium

e) Marks/Grade obtained in (i) Last year's Final Exam _____ Out of _____ (ii)%Obtained _____

(i) Current Year's Final Exam _____ Out of _____ (ii)%Obtained _____

f) Name and Place of the present school _____

Mother tongue _____ Nationality _____

g) If B.C Category mention SC/ST/NT/VJ/SBC/OBC

Cast _____ Sub-Caste _____

h) She is/was in receipt of _____ Scholarship

i) Registration fee of Rs. 500/- is sent by cash/demand draft

_____/ D.D.No. _____ . Dated _____

2. Particulars of the Parent/Guardian.

a) Full Name of Parent/Guardia _____

b) Occupation of Designation : _____ c)Annual Income (approx):Rs _____/-

d) Postal Address. _____

Dist _____ State _____ Pin Code No. _____

hone Numbers with STD Code

E-Mail _____ Mobile No. Mother _____ Mobile No. Father _____

e) Telegraph Office _____ Nearest Railway Station _____

f) Relation of guardian to student : Father/Mother/Uncle/Brother/Grand Father _____

Incomplete form is likely to be rejected.

D.D. Should be drawn in favour of Bhonsala Military School (Girls) Payable at Nashik.

3) Please attach: 1) Progress report of the annual exam of the last year.

2) Progress report of the mid-term Exam. Current year (true copy)

4) Special instruction about the girls regarding habits, temperament, study, whims or eccentricities which may be useful to us _____

5) Name & Address of persons (with tel. Nos.) At Nashik with whom the guardian is acquainted with & whom the daughter may be allowed to visit.

a) _____ b) _____

Tel./Mob.No.

DECLARATION OF GUARDIANS

a) I (Name) _____

am willing to admit my daughter in Bhonsala Military School Girl's Nashik- 5. At my own risk & I will have no claims on authorities for any compensation in the event of any injury of unusual incident due to any accident during the stay / training /travelling from his date of joining the school.

b) I hereby declare that I have made myself acquainted with the rules & regulations of the _____ school. & I accept & agree to abide by them as long as my daughter remains in the school. I shall not hold school authorities responsible for the safety of my daughter.

c) I shall regularly pay in advance the annual school fees & meet all the incidental expenses at the school if my/ward is admitted to the school.

d) My daughter is mentally & physically fit the medical Fitness Certificate from a Registered

Medical Practitioner is attached herewith.

Place : _____ Date : _____

Full Name & Signature of Student

Signature of Parent

Full Name of Father /Mother

Signature of Guardian

Only if Parents are not alive

Full Name of Guardian and relation with ward

BHONSALA MILITARY SCHOOL (GIRLS), Nashik -422 005.

HEALTH RECORD FORM

(To be filled in by the family physician or Medical Officer)

Name _____ Std _____

Address _____ Pin Code _____ Phone No. _____

Age _____ Date of Birth _____

Identification Mark 1) _____ 2) _____

Blood Group _____

Height _____ Cms Weight _____ Kg.

Chest _____ Cms _____

Family (Medical) History _____

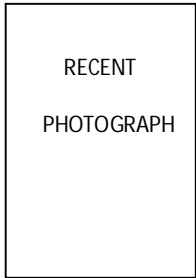
Personal (Medical) History _____

Immunization :

Yes	No.	Date.
_____	_____	Polionyelitis _____
_____	_____	Diphtheria _____
_____	_____	Typhoid _____
_____	_____	Cholera _____
_____	_____	Tetanus Toxoid _____
_____	_____	Gamma Globuline _____

Have you now or have ever had : Check each Item

Yes	No.	Date
_____	Heart disease	Hernia _____
_____	Rheumatic Fever	Polimyelitis _____
_____	Tunerculosis	Diphtheria _____
_____	Intestinal Infection	Chornic Skin Disease _____
_____	Epilepsy or fits	Asthama _____
_____	Psychiatric Treatment	Abnormal Bleeding Tendency _____



_____	Vision Defect	Chronic Tonsilitis _____
_____	Flat foot	Any physical disability _____
_____	Leucoderma	Allergies & Bad Serum _____
_____	Bed Wetting	Drug Reaction _____

Please Explain in detail, if any items answered as 'Yes' above

Final Remark of Physician, Doctor

She is Physically & Mentally Fit /Unfit

I recommend her/ I do not recommend her

For admission.

Place :

Date :

Family Physician /Medical Officer

Reg.No. _____

Name & Address : _____

Countersignature

School Medical Officer