

CHME SOCIETY'S BHONSALA MILITARY SCHOOL GIRLS, NASHIK

REGISTRATION APPLICATION FORM

To, The Commandant Bhonsala Military School Girls, Nashik – 422 005 I wish to apply for admission of my daughter /ward in () Std.							Student's Recent Photograph Not Older than 3 months			
APPLICANTS INFORMATION (IN CAPITAL LETTERS ONLY)										
Name of the Student	I	(Surname Fi			irst Name			Middle Name)		
Date of Birth					of Birth					
DOB in words	(Mother Name):									
Aadhar No.										
Postal Permanent Address (Home)	State :			PIN						
Phone				Code Nationality						
Mobile				Caste						
Email			Sub caste							
Religion				Mother Tongue						
Std. in which she	is			Madium of						
studying					Study		di / Marathi / English)			
Last year Final Exam Details	Total Marks	Out of	%/ Grade Obtained	Year Mid- Term	Tota Mark	() traf ()	Grade etained		
	 	dical History	v •	Exam						
Medical History	receditary with	cuicai Instory	, •	Previous Operational History						
PARTICULARS OF THE PARENT/GUARDIAN										
Father's Name			M	lother's Name						
Profession			Pı	ofession						
Educational Qualification			Е	lucational Qualification						
Annual Income (App.) in Rs.	Annual Income (App) in Rs.									
Marital Status: Single Parentship/ Joint Family / Nuclear Family / Separated Family/ Divorced Family / Guardianship. If Guardianship please fill the details of the Guardian:										



CHME SOCIETY'S BHONSALA MILITARY SCHOOL GIRLS, NASHIK

REGISTRATION APPLICATION FORM FOR ACADEMICS

Declaration of Guardian / Parer	ıt,							
 I (Name) am willing to admit my child/ward in Bhonsala Military School, Girls, Nashik-5 at my own risk and I will have no claims on authorities for any compensation in the event of any injury or unusual incident due to any accident during the stay /Training / traveling from his date of joining the school. I hereby declare that I have made myself acquainted with the rules and regulations of the school & I accept and agree to abide by them as long as my child/ ward remain in the school I shall not hold school authorities responsible for safety of my child/ ward. 								
I shall regularly pay the annual school fees (in advance) and meet all the incidental expenses at the school if my child/ward is admitted to the school. My Child / ward is mentally and physically fit. The medical fitness certificate from a registered medical practitioner is								
attachedherewith.								
The application must be accompanied by (Checklist)								
1] Registration fees Rs. 1000/- Transaction proof along with UPI ID/ NEFT ID/ RTGS ID/ IMPS/ cash deposit- Photocopy								
2] Progress report card of the Annual Examination of last year. 3] Online Registration Transaction ID Photo Copy								
3] Progress report of the Mid-term examination / Final Term. (True copy)								
4] Xerox copy of Birth Certificate of the candidate, as issued by the village or municipal authorities or by the head of the registered								
nursing home or by the medical practitioner who delivered the child (with his / her medical council registration number).								
5] Xerox copy of Caste Certificate.								
6]Xerox copy of Aadhar Card	7] Original Leaving Certificate Compulsory	after confirmed admission						
	INDEMNITY BOND AND CERTIFICAT	TE .						
1. I confirm that my ward/child/ daughter is physically and medically fit to undertake the training of the school curriculum. 2. I agree to adhere strictly to rules and discipline of the school and abide by the directions of the school authority. Failing for which my ward shall be liable for expulsion from admission. 3. In case of any injury, accident or sickness to my ward, I will not hold responsible BHONSALA MILITARY SCHOOL GIRLS or instructors or any staff wholly or partially either individually or jointly responsible and no compensation will be claimed by me. 4. I hereby declare that to the best of my knowledge, my ward dose not suffer from any aliment or disability likely to handicap his undergoing the school routine. 5. I also hereby declare that if my son/ ward leaves school campus without authenticated permission. I will not held responsible to any dignitary of BHONSALA MILITARY SCHOOL GIRLS or instructor or any staff wholly or partially, either individually or jointly and no compensation will be claimed by me. 6. The indemnity bond /Certificate is given by me with due diligence and on basis of information imparted to me by BHONSAL MILITARY SCHOOL GIRLS authority. I have completely understood the information.								
Signature of Guardian/Parent Signature of Applicant								
		Signature of Applicant						
		2 22						
Name of Local Guardian	_Local Number (If ar							
Name of Local Guardian		ny)						
Name of Local Guardian	Local Number (If an	ny)						
Name of Local Guardian Mobile Number: Relationship with ward	Local Number (If anDate :	ny)Place :						