

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 | | |
|---|--|---------|----------------------|-----------------------------|----------------|-------------|--|--|--|
| Name of the | | | | I (IN CAPITAL LET | I'TERS ONL | <u> </u> | N | | |
| Student | (Surnan | ne | | irst Name | | Middle | Name) | | |
| Date of Birth | Place of Birth | | | | | | | | |
| DOB in words | | | | (Mother Name) | : | | | | |
| Aadhar No. | | | | | | | | | |
| Postal Permanent Address (Home) | State: | | | | | | | | |
| Phone | | | | Code Nationality | | | | | |
| Mobile | | | | Caste | | | | | |
| Email | | | | Sub caste | | | | | |
| Religion | | | | Mother Tongue | | | | | |
| Std. in which she studying | is | | Medium of Study | (Hindi / Marathi / English) | | | | | |
| Last year Final Exam Details | Total Marks | Out of | %/ Grade Obtained | Year Mid- Term | Total Marks | Out of | %/Grade Obtained | | |
| Medical History | Hereditary Medical History : Previous Operational History | | | | | | | | |
| | | DADTIC! | III ADS OF TH | IF DADENT/CITAD | DIAN | | | | |
| Father's Name Mother's Name | | | | | | | | | |
| Profession | | | P | rofession | | | | | |
| Educational Qualification | | | | ducational Qualification | | | | | |
| Annual Income (App.) in Rs. | | | A | nnual Income (App) in Rs. | | | | | |
| Marital Status: S Guardianship. If Guardianship ple | | _ | • | ear Family / Sepa | rated Famil | y/ Divorced | Family / | | |
| | | | | | | | | | |



CHME SOCIETY'S BHONSALA MILITARY SCHOOL GIRLS, NASHIK

REGISTRATION APPLICATION FORM FOR ACADEMICS

| Declaration of Guardian / Pa | rent, | | | |
|--|--|---|---|---|
| compensation in the event of joining the school. 2. I hereby declare that I have bythem as long as my child/ 3. I shall regularly pay the arisadmitted to the school. 4. My Child / ward is mentally herewith. The application must be actionally Registration fees Rs. 1000/ | ilitary School, Girls, Nashik-5 at f any injury or unusual incident due made myself acquainted with the ward remain in the school I shall no anual school fees (in advance) and y and physically fit. The medical fit ecompanied by (Checklist): Transaction proof along with UPI ID/Nanual Examination of last year. | e to any accident during the rules and regulations of the ot hold school authorities result meet all the incidental express certificate from a register NEFT ID/ RTGS ID/ IMPS/ case | stay /Training / traveling from he school & I accept and agree to sponsible for safety of my child/spenses at the school if my child/stered medical practitioner isattace. | s for any his date of to abide ward. ild/ward |
| 4] Xerox copy of Birth Certific or by the medical practitioner who described by the Serox copy of Caste Certification of Serox copy of Aadhar Card | ate of the candidate, as issued by the vil lelivered the child (with his / her medica | lage or municipal authorities on all council registration number). | by the head of the registerednursing | g home |
| | INDEMNITY ROND | AND CERTIFICATE | С | |
| 2. I agree to adhere strictly to ru ward shall be liable for expulsion 3. In case of any injury, accide instructors or any staff wholly or 4. I hereby declare that to the lundergoing the school routine. 5. I also hereby declare that if n dignitary of BHONSALA MILI no compensation will be claimed 6. The indemnity bond /Certific | nt or sickness to my ward, I will in partially either individually or join best of my knowledge, my ward days son/ ward leaves school campus TARY SCHOOL GIRLS or instruc | abide by the directions of the abide by the directions of the not hold responsible BHON the responsible and no complese not suffer from any alies without authenticated permeter or any staff wholly or present and on basis of informations. | he school authority. Failing for SALA MILITARY SCHOOL of the ensation will be claimed by me. Imment or disability likely to har mission. I will not hold responsible partially, either individually or justice. | GIRLS or ndicap his ble to any ointly and |
| Signature of Guardian/Parent | t | | Signature of Appli | cant |
| Name of Local Guardian : _ | Relationship wi | | Mobile Number: | |
| Witness Signature | 1. | 2. | | |
| Name | | 4. | | |
| Address with Mobile No. & E-mail ID | | | | |
| Father's Photo | Mother's photo | Guardian 1's Photo | Guardian 2's P | hoto |
| Admission form No. | GR. No. | Dringinal | Commandar | |
| | | Principal BMSG | BMSG | IL |