



BHONSALA MILITARY SCHOOL

Dr B S Moonje Marg, Rambhoomi, Nashik - 422005

REGISTRATION APPLICATION FORM FOR ACADEMIC YEAR 2010-11 Junior College – Science Stream

Student
Recent
Photograph

FOR OFFICE USE ONLY											
Class		Stream	Science	Application & Registration fees paid Rs.	550	Application Received On					
Receipt No.		Date		REMARKS							
Signature of cashier											
Border/Day Scholar/Staff Ward											
Admitted/Provisionally/not Admitted											
Amount Paid Rs.											
				Receipt No.		Date		Sign			
PRINCIPAL				COMMANDANT				RD NO			

To,
Commandant
Bhonsala Military School, Nashik – 422 005.

Date:				
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I wish to apply for admission of my son/ward in [] Std. as Boarder / Day Scholar

APPLICANT'S INFORMATION [IN CAPITAL LETTERS ONLY]													
Last Name					First Name					Middle Name			
Date of Birth	Date		Month		Year		Place of Birth						
Date of Birth in words													
Permanent Address (Home)													
		State				Pin code							
Address for Correspondence													
		State				Pin code							
Nearest		Post				Railway							

		office				station			
Telephone number(R) with Area Code		Phone		Mobile		Fax		Email	
		Nationality		Mother Tongue		Caste		Sub-Caste	
		Religion		If B.C. category [SC/ST/NT/VJ/SBC/OBC]					
		Blood group		Identification mark					
Std. In which he is studying					Medium [Hindi/Marathi/English]				
Last Year	Marks	Out of	% Obtained	Current Year	Marks	Out of	% Obtained		
Final Exam				mid-term Exam					
Present School		School Name, Address & Telephone							
Other Schools Attended		School Name, Address & Telephone							
He is/was in receipt of		Scholarship							
Achievements									
Name & Address of 2 Referees		1.							
		2.							
Particulars of the PARENT / GUARDIAN									
Father's Name						Educational Qualifications			
Profession					Annual Income(approx) in Rs.				
Mother's Name						Educational Qualifications			
Profession					Annual Income(approx) in Rs.				
Total Family Income (Rs.)									

GUARDIAN DETAILS

Name		Relation with student	
Profession		Annual Income(approx) in Rs.	

Relationship to Past or Present Student

1. Name				Relationship			
Standard		Bhavan		Year of Joining		Year of Leaving	
2. Name				Relationship			
Standard		Bhavan		Year of Joining		Year of Leaving	

I want to take up Science Stream (English Medium) Subjects Combination

Compulsory Subjects :

1) English 2) Information Technology 3) Physics 4) Chemistry

Optional subjects any Two of the following : (Please ✓ in the check box)

1) Mathematics 2) Defence Studies 3) Biology *

*BIOLOGY will be introduced if we get minimum 20 students.

Declarations of Guardian / Parent

- I (Name) am willing to admit my son/ward in Bhonsala Military School, Nashik -5 at my own risk & 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 / Junior College.
- I Know the Junior College is two year composite course and I will not withdraw my son / ward after passing XI class F.Y.J.C.**
- I hereby declare that I have made myself acquainted with the rules & regulations of the School / Junior College & I accept & agree to abide by them as long as my son/ward remains in the School / Junior College. I shall not hold school / Junior College authorities responsible for the safety of my son/ward.
- I shall regularly pay in advance the annual school / Junior College fees & meet all the incidental expenses at the school if my son/ward is admitted to the school / Junior College.
- My son/ward is mentally & physically fit. The Medical Fitness Certificate from a Registered Medical Practitioner is attached herewith.
- I will obtained the eligibility certificate from Maharashtra State Board of Secondary & Higher Secondary Education, Nashik Divisional Board, Nashik and submit within 15 days.

Signature							
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Place				Date			
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Name (in print)	
Relationship to student	
Signature of guardian only if Parents are not alive	
<p>This application must be accompanied by [checklist]</p> <p>1. D.D. of Rs 550/- (250+300) drawn in favor of "<u>Commandant, Bhonsala Military School</u>" payable at "<u>Nashik</u>" drawn on any "Nationalized Bank". <input type="checkbox"/></p> <p>2. <u>For students of SSC Exam from Maharashtra State Board</u></p> <p>a. School Leaving Certificate in Original (Duly counter signed by Direct Education Officer) <input type="checkbox"/></p> <p>b. Mark sheet of Board Examination (true copy) <input type="checkbox"/></p> <p>c. First Attempt and Character certificate from the school. <input type="checkbox"/></p> <p>3. <u>For students of SSC Exam from Out of Maharashtra State Board (ICSE or CBSE or Other State Boards , etc)</u></p> <p>a. School Leaving / Transfer Certificate in Original <input type="checkbox"/></p> <p>b. Mark sheet of Board Examination (true copy) <input type="checkbox"/></p> <p>c. Passing certificate of Board Examination (true copy) <input type="checkbox"/></p> <p>d. First Attempt and Character certificate from the school. <input type="checkbox"/></p> <p>e. Migration Certificate in Original after confirmation of admission. <input type="checkbox"/></p> <p>f. Eligibility Certificate from Nashik Divisional Board after confirmation of admission. <input type="checkbox"/></p> <p>4. Xerox copy of the <u>Birth certificate</u> of the candidate, as issued by the village or municipal authorities, or by the head of a registered nursing home, or by the medical practitioner who delivered the child (with his medical council registration number). No affidavits or school certificates are acceptable. <input type="checkbox"/></p>	

Incomplete form is likely to be rejected.



BHONSALA MILITARY SCHOOL
NASHIK – 422 005

Recent
Photograph

HEALTH RECORD FORM

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

APPLICANT'S INFORMATION										[IN CAPITAL LETTERS ONLY]					
Last Name					First Name				Middle Name						
Std.		Date of Birth	Date		Month		Year		Age						
Address															
		State					Pin code								
Identification Mark		1.					2.								
Blood Group		Height (cms.)			Weight (kg.)			Chest (cms.)							
Family (Medical) History															
Personal (Medical) History															

Immunization		
Poliomyelitis	<input type="radio"/> Yes <input type="radio"/> No	Date:
Diphtheria	<input type="radio"/> Yes <input type="radio"/> No	Date:
Typhoid	<input type="radio"/> Yes <input type="radio"/> No	Date:
Cholera	<input type="radio"/> Yes <input type="radio"/> No	Date:
Tetanus Toxoid	<input type="radio"/> Yes <input type="radio"/> No	Date:
Gamma Globuline	<input type="radio"/> Yes <input type="radio"/> No	Date:

Have you now or have ever had: check each item

Heart disease	<input type="radio"/> Yes <input type="radio"/> No	Hernia	<input type="radio"/> Yes <input type="radio"/> No
Rheumatic fever	<input type="radio"/> Yes <input type="radio"/> No	Poliomyelitis	<input type="radio"/> Yes <input type="radio"/> No
Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No	Diphtheria	<input type="radio"/> Yes <input type="radio"/> No
Intestinal Infection	<input type="radio"/> Yes <input type="radio"/> No	Chronic Skin Disease	<input type="radio"/> Yes <input type="radio"/> No
Epilepsy or fits	<input type="radio"/> Yes <input type="radio"/> No	Asthama	<input type="radio"/> Yes <input type="radio"/> No
Psychiatric Treatment	<input type="radio"/> Yes <input type="radio"/> No	Abnormal Bleeding Tendency	<input type="radio"/> Yes <input type="radio"/> No
Vision Defect	<input type="radio"/> Yes <input type="radio"/> No	Hearing Defect	<input type="radio"/> Yes <input type="radio"/> No
Unstable or knee knock	<input type="radio"/> Yes <input type="radio"/> No	Chronic Tonsillitis	<input type="radio"/> Yes <input type="radio"/> No
Flat foot	<input type="radio"/> Yes <input type="radio"/> No	Teeth or Gum Disease	<input type="radio"/> Yes <input type="radio"/> No
Leucoderma	<input type="radio"/> Yes <input type="radio"/> No	Any Physical disability	<input type="radio"/> Yes <input type="radio"/> No
Bed wetting	<input type="radio"/> Yes <input type="radio"/> No	Allergies & Bad Serum	<input type="radio"/> Yes <input type="radio"/> No
		Drug & Reaction	<input type="radio"/> Yes <input type="radio"/> No

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

Final Remark of Physician, Doctor	
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He is Physically		<input type="radio"/> Fit	<input type="radio"/> Unfit	He is Mentally		<input type="radio"/> Fit	<input type="radio"/> Unfit
I recommend him for admission		<input type="radio"/> Yes <input type="radio"/> No					
Place					Date		
Family Physician/Medical Officer					Reg. No.		
Name & Address							
Counter Signature							
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School Medical Officer							

Incomplete form is likely to be rejected.