



BHONSALA MILITARY SCHOOL

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BMS/SMTC/OnL/0910/

INDEMNITY BOND BY PARENTS

1. I hereby give my consent for my son / ward _____
Of _____ to take part in Summer Military Training
Course in May 20 to be conducted by Bhonsala Military School, Nashik from **01st May 20** to
31st May 20.
2. I confirm that I shall not in any way hold the school authorities responsible for any accident / injury
to my son / ward during the course and no compensation will be claimed by me.

Date: _____

Signature of Parent / Guardian : _____

Name of Parent / Guardian : _____

Relationship with student : _____

For more information or any query please contact on Office : +91-253-2309608

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