



C.H.M.E.S.

**BHONSALA ADVENTURE FOUNDATION**

Bhonsala Military School Campus, Dr B S Moonje Marg, Rambhomi, Nashik-422 005.

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Student  
Recent  
Photograph**APPLICATION FORM**

<b>FOR OFFICE USE ONLY</b>			
APPLICATION & REGISTRATION FEES	Rs.	Application Received On	/ /20
1) Summer Educational Adventure Course		2) Diwali / Winter Vacation Course	
2) Himalayan Educational Trek / Expedition		3) Basic Rock Climbing Course	
Amount Paid Rs.	D. D. No./ Cash	Dated	Receipt No.
<b>O.S.</b>	<b>CO-ORDINATOR</b>	<b>Adm NO</b>	

To,  
Coordinator

Bhonsala Adventure Foundation, Nashik – 422 005.

Date:

I wish to apply for admission of myself/my son/daughter/ward in [

] Course

**Date of the Course:-**\_\_\_\_\_.

<b>APPLICANT'S INFORMATION [ IN CAPITAL LETTERS ONLY ]</b>				
Last Name		First Name		Middle Name
Date of Birth		Place of Birth		T-Shirt Size
Date of Birth in words				
Permanent / Correspondence Address				
	State		Pin code	
Telephone number (R) with Area Code	Phone			
	Mobile			
	Email			
<b>Particulars of the PARENT / GUARDIAN / MEMBER</b>				
Father's Name		Profession		
Mother's Name		Profession		



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**BHONSALA ADVENTURE FOUNDATION****GUARDIAN DETAILS**

Name		Relation with student	
Profession			

**Declarations of Guardian / Parent / Member**

1. I (Name)  am willing to admit myself/ my son / daughter / ward in Bhonsala Adventure Camp, 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 camp.
2. I hereby declare that I have made myself acquainted with the rules & regulations of the adventure camp & I accept & agree to abide by them as long as I / my son / daughter / ward remain in the camp. I shall not hold authorities responsible for the safety of myself/ my son / ward.
3. I / my son / daughter / ward is mentally & physically fit. The Medical Fitness Certificate from a Registered Medical Practitioner is attached herewith.

Signature of Parent / Guardian

Name of Parent / Guardian

Relationship to student

Place

Date

This application must be accompanied by [checklist]

1. D.D. drawn in favor of "Chairman Bhonsala Adventure Foundation" payable at "Nashik" drawn on any "Nationalized Bank".
2. Xerox copy of the Birth certificate 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). /PAN Card/ Driving License / No affidavits or school certificates are acceptable.

How You came to know about this course (Please tick (✓) / Write )

1. Name of the News Paper \_\_\_\_\_

2. Website

3. Friend / Relative

4. Other \_\_\_\_\_

**Incomplete form is likely to be rejected.**



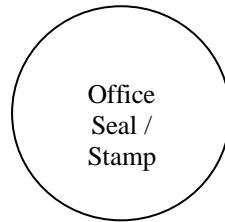
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**BHONSALA ADVENTURE FOUNDATION****MEDICAL CERTIFICATE****(To be filled in by the family physician or Medical officer [M.B.B.S. OR M.D.] )**

I have medically examined Master \_\_\_\_\_ and in my opinion he is fit to undergo the Adventure Course mentioned above. He / She is not knock kneed, epileptic or flat footed and has been duly inoculated / vaccinated. He / She is allergic to \_\_\_\_\_  
 Height \_\_\_\_\_ cms Weight \_\_\_\_\_ Kgs. Blood Group \_\_\_\_\_

Place : \_\_\_\_\_ Date : \_\_\_\_\_

Reg. No. \_\_\_\_\_



Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

**HEALTH RECORD****(To be filled in by the family physician or Medical officer [M.B.B.S. OR M.D.] )**

CVS			RESPIRATORY SYSTEM		
1	Pulse Rate		3	Respiratory rate at rest	
2	Blood Pressure				
GI TRACT					
4	Abdomen		5	Eye Vision	
	a) Liver			a) Near	
	b) Spleen			b) Distant	
6	Teeth and Gums				
7	Ear, Nose & Throat				
8	Any evidence of Vertigo				

**INDEMNITY BOND AND CERTIFICATE**

- 1) I agree to adhere strictly to the rules and discipline of the course and abide by the directions of the organizing authority or the nominee an all times during the course failing which I shall be liable for expulsion.
- 2) In case of any injury, accident or sickness I will not hold responsible to Bhonsala Adventure Foundation or the instructors or any staff wholly or partially either individually or jointly responsible and no compensation will be claimed by me.
- 3) I hereby declare that to the best of my knowledge I do not suffer from any ailment or disability likely to handicap me in undergoing the course. I am taking part in this course at my own risk.
- 4) I also hereby declare that if my son / daughter / ward leaves camp site without authenticated permission, I will not held responsible to any dignitary of Bhonsala Adventure Foundation or the instructors or any staff wholly or partially, either individually or jointly and no compensation will be claimed by me.
- 5) This Indemnity bond / certificate is given by me with due diligence & on the basis of information imparted to me by Bhonsala Adventure Foundation authorities.

Signature of Guardian / Parents

Signature of Applicant