Central Hindu Military Education Society

Bhonsala Adventure Foundation, Nashik

Self Passport Photo

APPLICATION FORM

FOR OFFICE USE ONLY			
APPLICATION & REGISTRATION FEES	5000/- Rs	Application Received Date	/ /20
1)Himalayan Educational Trek / Expedition		2) Winter Himalayan Educational Trek / Expedition	
3)Jungle Safari in Karnataka			

Total Amount Paid	Transaction ID	Date	Receipt No.
O.S.	**CO-ORDINATOR**		**Admition NO**

To,
Coordinator
Bhonsala Adventure Foundation, Nashik – 422 005.

Date:			

Date of the Course:-_____.

I wish to apply for admission of my self/my son/daughter/ward in [ ] Course.

APPLICANT'S INFORMATION [IN CAPITAL LETTERS ONLY]					
Last Name		First Name		Middle Name	
Date of Birth		Age :-		T-Shirt Size	
Date of Birth in words					
Permanent / Correspondence Address					
	State			Pin code	
Telephone number (R) with Area Code	Phone				
	Mobile				
	Email				

Particulars of the PARENT / GUARDIAN / MEMBER			
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) _____ willing to admit / my son / daughter / ward in Bhonsala Adventure Foundation, Nashik 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 my self-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 my self / son / daughter/ ward.
3. I / my son / daughter / ward is mentally & physically fit. The Medical Fitness Certificate from a Registered Medical Practitioner is attached here with.

Name of Parent / Guardian					
Signature of Parent / Guardian					
Relationship to student		Place		Date	

This application must be accompanied by [checklist]

1. Receipt of the online transaction made to the account of Bhonsala Adventure Foundation.
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 training & trek (Please tick (□) / Write) ***

1. Name of the News Paper :-
2. Friend / Relative :-
3. Website:-
4. Other :-

*** INCOMPLETE FORM IS LIKELY TO BE REJECTED ***

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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. _____

Office Seal / Stamp

_____

Name & Signature

_____

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						

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BHONSALA ADVENTURE FOUNDATION

UNDERTAKING

I, Master / Miss / Mr / Mrs……..…….……

(Name of the student), S/o or D/o- …… (Fathers Name),

Age-……Years, Occupation :……. (student/service)

R/o…….…….

……..……do.

hereby undertake as follows:

1. That I have opted for the Himalayan Trek as organized by Bhonsala Adventure Foundation from …… to..... (date).
2. That I am well aware of the rules and regulations as formed by the Bhonsala Adventure Foundation and I undertake to abide by the same.
3. That during the whole trek, I shall be at my best disciplined behavior and shall follow the orders and directions as given to me by the instructors and the authorities of the Bhonsala Adventure Foundation...
4. I hereby declare that I do not have any ailments or any other medical condition which might bring interference in the trek and cause discomfort to others.
5. That during the trek I shall not cause any bodily harm/harm of any other type to fellow mountaineers.
6. That in case of any injury, harm, sickness, or problems arising from attitude sickness, I would not hold the authorities and the staff of the Bhonsala Adventure Foundation liable for any of the conditions.
7. That I am well aware of the weather conditions of the trek and am well prepared for the same.
8. That I also undertake that all the facts stated by me in the application form are true and correct and that there are no other ailments from which I am suffering.
9. I shall be completely responsible for the out coming of the trek and will not hold the staff or the authorities of Bhonsala Adventure Foundation liable for any sort.
10. I shall adhere to all the rules and regulations on site as given by the staff and the authorities of Bhonsala Adventure Foundation.

Place: Nashik

Date: / /20

……

(Name of the Student & signature)

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BHONSALA ADVENTURE FOUNDATION

UNDERTAKING

I, Mr_____ (Name of the Parents / Guardian),

Age- _____ Years, Occupation- _____

R/o- _____

_____Do hereby

Agree and undertake as follows:-

1. That my son/daughter is ready and willing to join the Himalayan trek organized by Bhonsala Adventure Foundation.
2. He / She is joining the said trek with my consent.
3. I hereby undertake that my ward shall be in his full disciplined behavior and he shall abide by the rules and regulations stated by the staff and the authorities of the Bhonsala Adventure Foundation.
4. He/ She shall not leave the camp site without the camp authorities or their permission. In case if he/she leaves the camp site and a mishap occurs, I will not hold the authorities of Bhonsala Adventure Foundation liable for the outcome.
5. That the facts stated by my ward in the application and otherwise are true and correct.
6. I am completely aware that I shall be responsible for any kind of insurance for my ward and it is my sole responsibility.

Place: Nashik

Date: / /20

……..

(Name of the Parents / Guardian) &

(Signature)