

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

- **STUDENT FULL NAME:** ZIYANSHI MANISH KOTIYA
- **MOTHER'S NAME:** NITA MANISH KOTIYA
- **DATE OF BIRTH (DD/MM/YYYY):** 29/10/2020
- **DOB (IN WORDS):** TWENTY-NINTH OCTOBER TWO THOUSAND TWENTY
- **ADDRESS:** KHATAKIVAD ,KHARAVAVAD, PORBANDAR.
- **BIRTH PLACE:** MRH HOSPITAL PORBANDAR ➤ **DISTRICT:** PORBANDAR ➤
STATE: GUJARAT
- **RELIGION:** HINDU ➤ **CASTE:** KHARVA ➤ **CATEGORY:** OBC
- **GENDER:** GIRL ➤ **APPLIED STANDARD:** BALVATIKA
- **WHATSAPP NO:** 9714651996 ➤ **MOBILE NO:** 9714651996

AFFIXED PASSPORT SIZE LATEST

DECLARATIONS:

MY SON OR DAUGHTER IS NOT STUDYING IN ANY OTHER SCHOOL. IF WE PROVIDE FALSE INFORMATION, WE ACCEPT THE ADMISSION MAY BE CANCELLED.

REQUIRED DOCUMENTS:

BIRTH CERTIFICATE XEROX , AADHAR CARD XEROX (STUDENT NAME MUST MATCH BIRTH CERTIFICATE) , LATEST PASSPORT PHOTO-1 (WITH DATE) , RATION CARD XEROX-1, ELECTRICITY BILL XEROX -1, BANK PASSBOOK XEROX-1 (IF AVAILABLE) , JATI NO PURAVO OR FATHER CASTE CERTIFICATE OR FATHER TC(LC) OR 250 AFFIDAVIT STAMP PAPER (SOGANAMU)

GUARDIAN SIGNATURE: _____

PRINCIPAL SIGNATURE: _____