

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL
ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

- **STUDENT FULL NAME:** JIYAN DIVYESH PAVNIYA
- **MOTHER'S NAME:** PAVNIYA DAKSHA
- **DATE OF BIRTH (DD/MM/YYYY):** 17/12/2020
- **DOB (IN WORDS):** SEVENTEENTH DECEMBER TWO THOUSAND
TWENTY

AFFIXED PASSPORT SIZE LATEST

- **ADDRESS:** SAGAR BANK BAJU NI SHERI MA, PORBANDAR, PORBANDAR, GUJARAT -
360575

- **BIRTH PLACE:** MRH HOSPITAL PORBANDAR ➤ **DISTRICT:** PORBANDAR ➤
STATE: GUJARAT

- **RELIGION:** HINDU ➤ **CASTE:** KHARWA ➤ **CATEGORY:** OBC

- **GENDER:** BOY ➤ **APPLIED STANDARD:** BALVATIKA

- **WHATSAPP NO:** 8866667583 ➤ **MOBILE NO:** 8866667583

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 ?50 AFFIDAVIT
STAMP PAPER (SOGANAMU)

GUARDIAN SIGNATURE: _____ **PRINCIPAL SIGNATURE:** _____