

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

➤ **STUDENT FULL NAME: SHREYANSI KAPIL MANGERA**

➤ **MOTHER'S NAME: SONAL KAPIL MANGERA**

➤ **DATE OF BIRTH (DD/MM/YYYY): 07/02/2019**

➤ **DOB (IN WORDS): SEVENTH FEBRUARY TWO THOUSAND NINETEEN**

➤ **ADDRESS: RAMESH PAN VANKARVAS PATA UTAR PORBANDAR**

➤ **BIRTH PLACE: PORBANDAR** ➤ **DISTRICT: PORBANDAR** ➤ **STATE: GUJARAT**

➤ **RELIGION: HINDU** ➤ **CASTE: HINDU VANKAR** ➤ **CATEGORY: SC**

➤ **GENDER: GIRL** ➤ **APPLIED STANDARD: 2ND**

➤ **WHATSAPP NO: 8849563367** ➤ **MOBILE NO: 8849563367**

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: _____