

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

- **STUDENT FULL NAME:** BUMTARIYA KRISHIV RAJNISH
- **MOTHER'S NAME:** DAXA
- **DATE OF BIRTH (DD/MM/YYYY):** 22/03/2021
- **DOB (IN WORDS):** TWENTY-SECOND MARCH TWO THOUSAND TWENTY-ONE

AFFIXED PASSPORT SIZE LATEST

- **ADDRESS:** CHHAYA, NR BALA HANUMAN MANDIR, NICHALI KENAL, PORBANDAR
- **BIRTH PLACE:** MRH HOSPITAL PORBANDAR ➤ **DISTRICT:** PORBANDAR ➤
STATE: GUJARAT
- **RELIGION:** HINDU ➤ **CASTE:** SATVARA ➤ **CATEGORY:** OBC
- **GENDER:** BOY ➤ **APPLIED STANDARD:** BALVATIKA
- **WHATSAPP NO:** 9879397508 ➤ **MOBILE NO:** 9879397508

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: _____