

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

➤ **STUDENT FULL NAME:** HINAL CHETAN VANDARIYA

➤ **MOTHER'S NAME:** NAMARTABEN

➤ **DATE OF BIRTH (DD/MM/YYYY):** 15/09/2020

➤ **DOB (IN WORDS):** FIFTEENTH SEPTEMBER TWO THOUSAND
TWENTY

➤ **ADDRESS:** KANYASHALA STREET, LAKHANI FALIYU, KHARVAVAD, PORBANDAR

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

➤ **RELIGION:** HINDU ➤ **CASTE:** KHARVA ➤ **CATEGORY:** OBC

➤ **GENDER:** GIRL ➤ **APPLIED STANDARD:** BALVATIKA

➤ **WHATSAPP NO:** 9998381616 ➤ **MOBILE NO:** _____

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:** _____