

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

➤ **STUDENT FULL NAME:** RAHIL MITESH SHINGRAKHIYA

➤ **MOTHER'S NAME:** GITA MITESH SHINGRAKHIYA

➤ **DATE OF BIRTH (DD/MM/YYYY):** 11/12/2020

➤ **DOB (IN WORDS):** ELEVENTH DECEMBER TWO THOUSAND TWENTY

➤ **ADDRESS:** NR MORCHAAP CHUNAA BHADDHA, VIRDI PLOT, PORBANDAR

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

STATE: GUJARAT

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

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

➤ **WHATSAPP NO:** 9328268570 ➤ **MOBILE NO:** 9328268570

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:** _____