

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

➤ **STUDENT FULL NAME:** REHAAN PRATAP PANDAVADRA

➤ **MOTHER'S NAME:** PADAMA PRATAP PANDAVADRA

➤ **DATE OF BIRTH (DD/MM/YYYY):** 14/11/2020

➤ **DOB (IN WORDS):** FOURTEENTH NOVEMBER TWO THOUSAND
TWENTY

➤ **ADDRESS:** GUNDAVALA BHATTHI, VIRDIVAS KHADI VANKARSAMAJ VANDI PORBANDAR

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

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

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

➤ **WHATSAPP NO:** 9574396418 ➤ **MOBILE NO:** 9574396418

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: _____