

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

- ▶ **STUDENT FULL NAME:** JUNGI DEVANSHREE ASHISHBHAI
- ▶ **MOTHER'S NAME:** JUNGI MOHINIBEN ASHISHBHAI
- ▶ **DATE OF BIRTH (DD/MM/YYYY):** 30/10/2020
- ▶ **DOB (IN WORDS):** THIRTIETH OCTOBER TWO THOUSAND TWENTY
- ▶ **ADDRESS:** RATHOD FLIYU VORAVAD PORBANDAR
- ▶ **BIRTH PLACE:** SHREEJI HOSPITAL PORBANDAR ▶ **DISTRICT:** PORBANDAR ▶
STATE: GUJARAT
- ▶ **RELIGION:** HINDU ▶ **CASTE:** KHARWA ▶ **CATEGORY:** OBC
- ▶ **GENDER:** GIRL ▶ **APPLIED STANDARD:** BALVATIKA
- ▶ **WHATSAPP NO:** 8140200020 ▶ **MOBILE NO:** 8140200020

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 ?50 AFFIDAVIT STAMP PAPER (SOGANAMU)

GUARDIAN SIGNATURE: _____ **PRINCIPAL SIGNATURE:** _____