M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

GR. NO.: _____ **DATE:** _____/_____/20_____

AFFIXED PASSPORT SIZE LATEST

- **STUDENT FULL NAME: RUSHIRAJSINH VIJAYSINH JETHVA**
- **MOTHER'S NAME:** PRASANNBA
- **DATE OF BIRTH (DD/MM/YYYY):** 08/08/2019
- **DOB (IN WORDS):** EIGHTH AUGUST TWO THOUSAND NINETEEN
- **ADDRESS:** PANCHVATI SOCIETY, BEHIND KAMALABAG, PORBANDAR
- **BIRTH PLACE:** PATEL HOSPITAL KHAMBHALIYA **DISTRICT:** DEVBHUMI DWARKA **STATE:** GUJARAT
- **RELIGION:** HINDU **CASTE:** DARBAR **CATEGORY:** GENERAL
- **GENDER:** BOY **APPLIED STANDARD:** 1ST
- **WHATSAPP NO:** 9913904041 **MOBILE NO:** 9913904041

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 DOCUUMENTS:

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:** _____