M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

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

AFFIXED PASSPORT SIZE LATEST

- **STUDENT FULL NAME: ARNAV SACHIN KANOJIYA**
- **MOTHER'S NAME:** ARTI SACHIN KANOJIYA
- **DATE OF BIRTH (DD/MM/YYYY):** 24/05/2014
- **DOB (IN WORDS):** TWENTY-FOURTH MAY TWO THOUSAND FOURTEEN
- **ADDRESS:** SHIVALI, NEAR KAILASH GARAGE STREET NO-5, PORBANDAR
- **BIRTH PLACE:** MUMBAI **DISTRICT:** PORBANDAR **STATE:** GUJARAT
- **RELIGION:** HINDU **CASTE:** DHOBI **CATEGORY:** OBC
- **GENDER:** BOY **APPLIED STANDARD:** 7TH
- **LAST SCHOOL NAME:** CHAM MEMORIAL SCHOOL
- **UID:** _____ **PEN NO:** _____
- **WHATSAPP NO:** 9664541688 **MOBILE NO:** _____

DECLARATIONS:

I HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM FULLY AWARE OF THE CONSEQUENCES OF PROVIDING FALSE INFORMATION. I ALSO AGREE TO THE SCHOOL'S POLICIES AND REGULATIONS.

REQUIRED DOCUUMENTS:

LC (TC) – TO BE SUBMITTED WITHIN 3 DAYS OF REOPENING , AADHAR CARD XEROX-1 , RATION CARD XEROX-1 , ELECTRICITY BILL XEROX -1 , LATEST PASSPORT PHOTO-1 (WITH DATE) , BANK PASSBOOK XEROX-1 (IF AVAILABLE)

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