M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

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



- **STUDENT FULL NAME: SHIVANSH VIPUL GOHEL**
- **MOTHER'S NAME:** RIYA VIPUL GOHEL
- **DATE OF BIRTH (DD/MM/YYYY):** 31/12/2019
- **DOB (IN WORDS):** THIRTY-FIRST DECEMBER TWO THOUSAND NINETEEN
- **ADDRESS:** NR PANCHAYAT TEMPLE, KHARVAVAD, PORBANDAR
- **BIRTH PLACE:** MRH HOSPITALPORBANDAR, PORBANDAR-CHHAYA(M), PORBANDAR(C),
- **DISTRICT:** PORBANDAR **STATE:** GUJARAT
- **RELIGION:** HINDU **CASTE:** KHARVA **CATEGORY:** OBC
- **GENDER:** BOY **APPLIED STANDARD:** 1ST
- **WHATSAPP NO:** 9726886767 **MOBILE NO:** 9726886767

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:** _____