

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL

ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

- **STUDENT FULL NAME:** SAHDEV PRATAP BOKHIRIYA
- **MOTHER'S NAME:** RAMBHI PRATAP BOKHIRIYA
- **DATE OF BIRTH (DD/MM/YYYY):** 21/12/2020
- **DOB (IN WORDS):** TWENTY-FIRST DECEMBER TWO THOUSAND TWENTY
- **ADDRESS:** BOKHIRA
- **BIRTH PLACE:** MKT HOSPITAL PORBANDAR ➤ **DISTRICT:** PORBANDAR ➤
STATE: GUJARAT
- **RELIGION:** HINDU ➤ **CASTE:** MAHER ➤ **CATEGORY:** OBC
- **GENDER:** BOY ➤ **APPLIED STANDARD:** BALVATIKA
- **WHATSAPP NO:** 9898539316 ➤ **MOBILE NO:** 9898539316

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:** _____