

M. K. GANDHI ENGLISH MEDIUM PRIMARY SCHOOL
ADMISSION FORM : 2026-27

GR. NO.: _____

DATE: ____/____/20____

- **STUDENT FULL NAME: VAIDEHI DHARMESH KHORAVA**
- **MOTHER'S NAME: MOSAMI**
- **DATE OF BIRTH (DD/MM/YYYY): 12/05/2021**
- **DOB (IN WORDS): TWELFTH MAY TWO THOUSAND TWENTY-ONE**
- **ADDRESS: STREET NO.11, JURIBAG, PORBANDAR**
- **BIRTH PLACE: MRH HOSPITAL PORBANDAR** ➤ **DISTRICT: PORBANDAR** ➤
STATE: GUJARAT
- **RELIGION: HINDU** ➤ **CASTE: KHARWA** ➤ **CATEGORY: OBC**
- **GENDER: GIRL** ➤ **APPLIED STANDARD: BALVATIKA**
- **WHATSAPP NO: 8469954770** ➤ **MOBILE NO: 8469954770**

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: _____