

## REGISTRATION FORM –AKIS CBSE

### FOR OFFICE USE ONLY – To be completed by the Admissions Office

Academic Year:	
Admission Number:	Date of Admission:
Admitted into Grade :	House:
<b>New Admission</b> <input type="checkbox"/>	<b>Readmission</b> <input type="checkbox"/>



This application will not be accepted without the submission of ALL required documents

### APPLICANT INFORMATION

Family Name (as per passport): <b>PATEL</b>	Gender: Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): <b>NITYANK PRITESHKUMAR</b>	Date of Birth (DD/MM/YYYY): <b>24/08/2015</b>
Place of Birth (City/ State): <b>SURAT, GUJARAT</b>	Country of Birth: <b>INDIA</b>
Passport No.: <b>U3819202</b>	Nationality: <b>INDIAN</b>
Qatar ID No.: <b>31535607895</b>	HMC Medical Card No.: <b>HC04817211</b>
Religion: (required by MOEHE) Hindu <input checked="" type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/> _____	Grade requested for admission: <b>1 ST (GRADE 1)</b>
First Language: <b>ENGLISH</b>	Language spoken at home: <b>GUJARATI</b>
As per the norms of the CBSE, Hindi or Arabic are compulsory subjects either as a second or third language:	
Second language to be offered: Hindi <input checked="" type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Tamil <input type="checkbox"/> Malayalam <input type="checkbox"/>	
Third language to be offered: Hindi <input type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Gujarati <input checked="" type="checkbox"/> Telugu <input type="checkbox"/>	
Special Co-Curricular Interest of the Child: Sports <input checked="" type="checkbox"/> Music <input type="checkbox"/> Drama <input type="checkbox"/> Art <input type="checkbox"/> Elocution <input checked="" type="checkbox"/> Dance <input type="checkbox"/> Other: _____	

### DETAILS OF LAST SCHOOL (if applicable)

School Name: <b>HILL 'S NURSERY</b>	Grade: <b>SENIOR KG</b>
School Address: <b>981-2-3, PALIA STREET, NANPURA, SURAT, GUJARAT, INDIA.</b>	
Syllabus followed in the school: I.S.C. <input type="checkbox"/> C.B.S.E <input checked="" type="checkbox"/> British <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____	

## FAMILY INFORMATION

Home Address (in Qatar): C17313,AL KHOR COMMUNITY,AL KHOR.
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### SPONSORING PARENT'S INFORMATION

Name: (as per passport) <b>PRITESHKUMAR SHASHIKANTBHAI PATEL</b>		Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/>
Company: Qatargas <input checked="" type="checkbox"/> AKIS <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____		Staff No.: <b>21316</b>
Qatar ID No.: <b>28635621071</b>	Nationality: <b>INDIAN</b>	
Mobile No.: <b>0097455686772</b>	Home Tel. No.: <b>0097430294596</b>	Work Tel. No.: <b>44734754</b>
Work Email Address: <b>PritePatel@qatargas.com.qa</b>		Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>
Personal Email Address: <b>pritp2@gmail.com</b>		

### OTHER PARENT'S INFORMATION

Name: (as per passport) <b>RIDDHI PRITESHKUMAR PATEL</b>		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: <b>29135649201</b>	Nationality: <b>INDIAN</b>	
Mobile No.: <b>0097450986816</b>	Home Tel. No.: -	Work Tel. No.: -
Email Address: <b>shakujiwala@gmail.com</b>		

### Emergency Contact INFORMATION (other than parents and currently residing in Qatar)

Name: <b>BANTIKUMAR ASHOKBHAI PATEL</b>	Relationship: <b>FRIEND</b>	Tel No(s).: <b>0097470908409</b>
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### DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-CBSE

DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES  / NO

NO. OF CHILD/REN IN AKIS \_\_\_\_\_

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Grade	House

### ANY ADDITIONAL INFORMATION

If there is any additional information that the school needs to be aware of, please indicate below, e.g. custody issue, special family circumstances, etc. Any legal issues will need to be supported by documentation and a copy to be provided to the school to be kept in your child's personal folder.

### MEDICAL INFORMATION

#### Vaccination Records:

It is a mandatory requirement from the Ministry of Education and Higher Education and the Ministry of Public Health that the school obtains a record of the immunisation history of all new applicants.

Please attach 2 copies of your child's vaccination records.

#### Medical Conditions:

Does your child have any medical conditions e.g. asthma, diabetes, epilepsy? Please give full details below, attaching the latest medical record.

ASTHMA, RHINITIS

#### Allergies:

Please list below any allergies that the school staff should be aware of e.g. food or insect bites. If your child has serious allergies, please detail the action to be taken below. Please attach latest/applicable medical records.

HIGHLY MILK & MILK PRODUCT ALLERGIES

#### Medication:

Please list below any medication that your child needs to take on a routine basis. Please give all information as to when and how this is to be taken. Please attach prescription from medical practitioner if any.

NO

#### Additional/Special Needs:

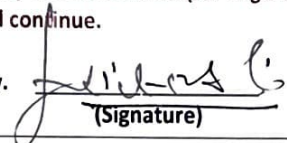
Does your child have any additional/special needs that the school needs to be aware of? NO

Hearing  Sight  Speech  Other - please specify: \_\_\_\_\_ - \_\_\_\_\_

### CONSENT DECLARATIONS

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to Al Khor Community Medical Centre (for eligible students)/ Hamad General Hospital for diagnosis and treatment. Efforts to contact you will continue.

I consent to my child being taken to a doctor/hospital in the event of a medical emergency.

  
(Signature)

I accept the judgment of Al Khor International School staff in all matters regarding health and safety. To the best of my knowledge, I have accurately detailed above all medical conditions and information that the staff should be aware of.

Name of Parent: PRITHVIKUMAR SHAHIBKANTIBHAI PATEL

Signature: 

Date: 28/01/2022

## DECLARATION

I confirm that the above information is correct. I agree to abide by all the policies of AKIS and accept that decisions of the Education Manager in any matter relating to the administration of AKIS as final.

**I consent, agree to and understand the following:**

- Should my child exhibit additional needs requirements beyond the existing capabilities of AKIS which were not apparent at the point of admission, AKIS has the right to seek the child's withdrawal.
- My child shall undergo any assessment considered educationally necessary by AKIS.
- My child will take part in the required whole school curriculum subjects (including swimming, music and Ministry of Education and Higher Education-mandated lessons).

PRITESH KUMAR PATEL  
 Name of Parent (In BLOCK letters)

[Signature]  
 Signature

28/08/2022  
 Date

CHECKLIST FOR REQUIRED DOCUMENTS	By Applicant	By Admissions Office
1. Original Letter of employment from the student's sponsor's company with home address	<input type="checkbox"/>	<input type="checkbox"/>
2. Registration form duly completed	<input type="checkbox"/>	<input type="checkbox"/>
3. Two colored passport size photographs	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of student's passport* (including parental detail page)	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of student's RP (Qatar ID)*	<input type="checkbox"/>	<input type="checkbox"/>
6. Copy of student's birth certificate*	<input type="checkbox"/>	<input type="checkbox"/>
7. 2 Copies of student's vaccination records	<input type="checkbox"/>	<input type="checkbox"/>
8. Attested copy of most recent school report (must be written in or translated to English)	<input type="checkbox"/>	<input type="checkbox"/>
9. Copy of Hamad Medical Corporation (HMC) card	<input type="checkbox"/>	<input type="checkbox"/>
10. Copy of student's sponsor's Qatar ID/RP	<input type="checkbox"/>	<input type="checkbox"/>
11. Copy of other parent's Qatar ID/RP	<input type="checkbox"/>	<input type="checkbox"/>
12. Copy of student's sponsor's passport	<input type="checkbox"/>	<input type="checkbox"/>
13. Copy of other parent's passport	<input type="checkbox"/>	<input type="checkbox"/>
14. Copy of Transfer Certificate*	<input type="checkbox"/>	<input type="checkbox"/>

\* The original copy must also be presented for verification purposes

Admissions Office	Name	Signature	Date
Checked by:	<b>RECEIVED</b> By Nusaiba at 2:04 pm, Aug 30, 2022	<u>[Signature]</u>	
Reviewed by:	<b>REVIEWED</b> By Michelle.Potestades at 11:29 am, Aug 31, 2022	<u>[Signature]</u>	
Validated by Lead Registrar:			

**Qatargas Operating  
Company Limited**

PO Box 22666

Doha, Qatar

T : +974 4473 6000

F : +974 4473 6666

www.qatargas.com.qa



Tel. : 4452 3222  
Fax : 4473 6345  
Ref. : PA/21316/Q015268  
Date : 14.08.2022

**TO WHOM IT MAY CONCERN**

This is to certify that Mr. Priteshkumar Shashikantbhai Patel (Staff No:21316) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 05 June 2022.

We confirm that Mr. Priteshkumar Shashikantbhai Patel is currently residing in Company provided accommodation as follows:

**Residence Address**

Flat C-17313 - AKC Al-Khor Housing Community

Al-Khor

P.O. Box 22166

State of Qatar

Yours faithfully,

For **QATARGAS OPERATING COMPANY LIMITED**

  
Ghada Al-Hitmi  
**SENIOR PA OPERATIONS SUPERVISOR**



આવક

IMMIGRATION INDIA

04 AUG 2022

CHHATRAPATI SHIVAJI

ભારત ગુજરાત / REPUBLIC OF INDIA

	<p>પાસપોર્ટ નંબર / Passport No.</p> <p style="font-weight: bold; font-size: 1.2em;">U3819202</p>	
	<p>પાસપોર્ટ નંબર / Passport No.</p> <p style="font-weight: bold;">PATEL</p> <p>પાસપોર્ટ પ્રકાર / Passport Category</p> <p style="font-weight: bold;">NITYANK PRITESHKUMAR</p> <p>જન્મ તારીખ / Date of Birth</p> <p style="font-weight: bold;">24/08/2015</p> <p>જન્મ સ્થળ / Place of Birth</p> <p style="font-weight: bold;">SURAT, GUJARAT</p> <p>પાસપોર્ટ માટે સ્થળ / Place of Issue</p> <p style="font-weight: bold;">SURAT</p> <p>પાસપોર્ટ માટે તારીખ / Date of Issue</p> <p style="font-weight: bold;">07/01/2021</p>	
<p>પાસપોર્ટ નંબર / Passport No. with Date and Place of Issue</p> <p style="font-weight: bold;">U3819202&lt;91ND1508248M26D1065107509275142D&lt;94</p>		

આવક

ભારત ગુજરાત / REPUBLIC OF INDIA

U3819202

<p>પાસપોર્ટ નંબર / Passport No. with Date and Place of Issue</p> <p style="font-weight: bold;">PRITESHKUMAR SHASHIKANTDHAI PATEL</p> <p>પાસપોર્ટ પ્રકાર / Passport Category</p> <p style="font-weight: bold;">RIDGHI PRITESHKUMAR PATEL</p> <p>જન્મ તારીખ / Date of Birth</p> <p>જન્મ સ્થળ / Place of Birth</p> <p>પાસપોર્ટ માટે સ્થળ / Place of Issue</p> <p>પાસપોર્ટ માટે તારીખ / Date of Issue</p>		
<p>પાસપોર્ટ નંબર / Passport No. with Date and Place of Issue</p> <p style="font-weight: bold;">U3819202&lt;91ND1508248M26D1065107509275142D&lt;94</p>		





**SURAT MUNICIPAL CORPORATION**  
**GOVT. OF GUJARAT**  
**PUBLIC HEALTH DEPARTMENT**

સુરત મહાનગરપાલિકા  
ગુજરાત સરકાર  
જાહેર આરોગ્ય વિભાગ

**BIRTH CERTIFICATE / જન્મનું પ્રમાણપત્ર**

(Issued under Section 12/17 of the Registration of Birth and Death Act, 1969)

(જન્મ અને મરણ નોંધણી અધિનિયમ ૧૯૬૯ની કલમ ૧૨/૧૭ મુજબ)

Form No. - 5 / નમુનો ક્રમાંક ૫

R2BY561

This is to certify that the following information has been reproduced from the original record of Birth which is in the register of Central Zone zone for SURAT MUNICIPAL CORPORATION of tehsil city of District Surat of State Gujarat

**Name :** NITYANK  
**Gender :** Male  
**Birth Weight :** 2.900 kg.  
**Birth Date :** 24/08/2015  
**Place of Birth :** Rachna Women's Hospital, Surat  
**Father's Name :** PRITESHKUMAR SHASHIKANTBHAI PATEL  
**Mother's Name :** RIDDHI  
**Address :** 6/1217,Daliya Sheri,Mahidharpura,Surat.395003  
**Registration No. :** CZ 2015 6792  
**Date of Registration :** 07/09/2015  
**Remarks :**

Prepared By

Sub Registrar

Registrar



ATTESTED

NOTARY PUBLIC  
Entry No. 703



*Handwritten signature*

DEENKISH BISWAL  
Sub Divisional Magistrate (Shahdara)  
District Shahdara  
D.C. Office Complex, Nand Nagari,  
New Delhi-110093



249074

30 NOV 2021

सं. No. दिनांक Date  
जिला न्यायालय/सब डिविजनल मजिस्ट्रेट/  
The Signature of District Judge/  
Sub Divisional Magistrate/Registrar  
of Marriage Attested.  
प्रतिभ मंत्रालय को इसका कोई भी विवर मसु. की  
जिम्मेदारी नहीं है।  
Ministry of External Affairs accepts  
no responsibility for the contents of this  
document.

अवलोकन  
OBSERVATION  
अवलोकन द्वारा इस दस्तावेज की  
जम्मेदारी भारत सरकार की  
जम्मेदारी है।  
Embassy of India does not accept  
responsibility for the contents of  
this document.

भारत का राजदूतावास, दोहा  
Embassy of India, Doha  
दिनांक  
No. 60947 Date: 28/12/21  
भारत का राजदूतावास, दोहा के  
कांसुलर विभाग में देखा गया।  
Seen in Consular Department,  
Embassy of India, Doha

*Handwritten mark*



(सुनील चनप)  
(SUNIL CHANAP)  
अनुभाग अधिकारी (सत्यापन / ओ.आई.)  
Section officer (Attestation/O.I.)  
सी पी वी प्रभाग / C.P.V. Division  
विदेश मंत्रालय, नई दिल्ली  
Ministry of External Affairs, New Delhi

*Handwritten signature: Rajan*  
एम.सी.राजगोपालन  
M.C. RAJAGOPALAN  
सहायक कौन्सुलर अधिकारी  
ASSISTANT CONSULAR OFFICER  
भारतीय राजदूतावास Embassy of India  
दोहा [कतर] Doha [Qatar]

STATE OF QATAR دولة قطر  
Ministry of Foreign Affairs وزارة الخارجية  
No.: 2022001001846/1 الرقم:  
Date: 05/01/2022 التاريخ:  
Amount: 100 QAR السعر:  
NITYANK PRITESHKUMAR  
نصادق على صحة الختم والتوقيع ل:  
سفارة جمهورية الهند في الدوحة  
دون ادنى مسؤولية عن المحتويات  
02439170



صفية العيسى



**Dr. Dinesh M. Patel**  
(M.D., D.PED.)

203, KESHAV CHAMBERS, LALGATE, SURAT-395 003.  
PH. : 0261-2411138, 2437282 M. : 97374 11138

**: NEW CLINIC ADDRESS :**  
MOTI SHERI, UMBHEL, UMBHEL PARAB ROAD,  
KAMREJ KADODARA N. H. No. 48, DIST. SURAT - 394325.  
(AVAILABLE ONLY ON MONDAYS) M. : 97374 11138

**SITING PEDIATRICIAN :**

NIRMAL CHILDREN & GEN. HOSPITAL

• **FOR CONSULTATION :**  
PRIOR APPOINTMENT IS NECESSARY

• **CONSULTING HOURS :**  
10.00 A.M. TO 01.00 P.M. &  
03.00 P.M. TO 06.30 P.M.  
SATURDAY 10.00 A.M. TO 01.00 P.M. ONLY

• **TELEPHONIC CONSULTATION STRICTLY DISCOURAGED.**

Case No: 19803

Date : 20/07/2022 11:43

Name: NITYANK PRITESH PATEL

Age: 6 Yr 10 Mth 27 Days

Gender: Male

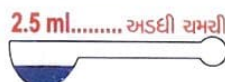
Weight : 17 Kg

Vaccine	Given On	Make / Batch / Remark
IPV 1ST+skill & inj fee	13/10/2015	Serrum institute / 151K5005A /
HIB 1-vaccine+skill & inj fee	13/10/2015	Serrum institute / 114M4037 /
Q-vac 1st [DPwP+HB]+ OPV+skill & inj fee	13/10/2015	Serrum institute / 029A4001A /
Rotarix dose 1+skill fee	13/10/2015	GSK / XROTA316A4 /
Prevenar -13 -1st+skill & inj fee	13/10/2015	wyeth / pfizer / L84685 /
Q-vac 2nd [DTwP+HB]+OPV+skill & inj fee	27/11/2015	Serrum institute / 029A4001B /
IPV 2ND+skill & inj fee	27/11/2015	Panacea biotec / 063037-3 /
Rotarix dose 2+skill fee	27/11/2015	GSK / XROTA316B1 /
HIB 2 vaccine+skill & inj fee	27/11/2015	Serrum institute / 114M4037 /
Prevenar -13 -2nd dose+skill & inj fee	27/11/2015	wyeth / pfizer / L99540 /
DPT [Triple] 3rd+ OPV+skill & inj fee	28/12/2015	Serrum institute / 02615001A /
Prevenar -13 -3rd dose+skill & inj fee	28/12/2015	Pfizer / L99541 /
Hib -3 vaccine+skill & inj fee	28/12/2015	Serrum institute / 114M5010B /
Flu. vac. ped. 1+skill & inj fee	09/05/2016	Abott india / K03R /
HEPATITIS-B 3rd+skill & inj fee	09/05/2016	Serrum institute / 035B4002A /
Flu. vac.ped. 2+skill & inj fee	13/06/2016	Abott india / K03R /
MEASLES+POLIO[4]+skill & inj fee	13/06/2016	Serrum institute / 001N4011B /
HEP- A 1ST [Jr.]+skill.& inj fee	28/09/2016	Wockhardt / 20151136-2 /
CHICKEN-POX. > 1 YR AGE+skill & inj fee	28/09/2016	Wockhardt / 20159102 /
Prevenar -13- 4th[15month dose]+skill & inj fee	03/12/2016	Pfizer / N7110 /
MMR 15month+skill & inj fee	03/12/2016	Serrum institute / 013M6011 /

20/07/2022  
**Dr. Dinesh M. Patel**  
(Consulting Pediatrician)  
M.D., D.Ped (G-1503)  
203, Keshav Chambers, B/M. Badri Restaurant,  
Lalgate, SURAT-395003.  
Tel. (0261) 2411138, 2437282, 9737411138



5.0 ml = 1 tsf  
2.5 ml = 1/2 tsf



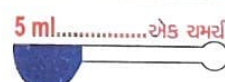
2.5 ml.....અડધી ચમચી



પા ટીકડી



અડધી ટીકડી



5 ml.....એક ચમચી



પોણી ટીકડી



1.0 ml = 16 drops  
0.5 ml = 08 drops

આપનું બાળક જલ્દી સાજુ થાય અને હંમેશા તંદુરસ્ત રહે તેવી શુભેચ્છા.

Case No: 19803

Date :20/07/2022 11:43

Name: NITYANK PRITESH PATEL

Age: 6 Yr 10 Mth 27 Days

Gender: Male

Weight : 17 Kg

Vaccine	Given On	Make / Batch / Remark
Chicken pox 2nd+skill & inj fee	12/01/2017	Wockhardt / 201509105 /
DPT booster 1+OPV+skill & inj fee	23/02/2017	Serrum institute / 026A5003A /
Hib Booster vaccine+skill & inj fee	23/02/2017	Serrum institute / 114M5042A /
TYPHOID-VI.1st+skill & inj fee	02/10/2017	Biomed / T010117 / Right Leg
Flu. vac.ped. 3+skill & inj fee	02/10/2017	Abott india / N01N / Right Leg
flu.vac.adult dose 3 yr.+skill & inj fee	12/10/2018	Abott india / R01R / Right Leg
flu.Vaccine adult 4 yr dose+skill & inj fee	16/10/2019	Abott india / T01A / Right Leg
TCV Enteroshield dose 1+inj.+ skill fee	25/08/2020	Abott india / 76C19032A / Right Leg
Flu. vac.adult 5YR.+skill & inj fee	25/08/2020	Abott india / U10A / Right Leg
MMR 2ND DOSE+skill & inj fee	25/08/2020	Serrum institute / 0139N106A / Right Leg
Tetraxim [DTap+IPV] vaccine+ inj.+skill fee	25/08/2020	Sanofi pasteur / T3A221V / Right Leg
Flu. vac. adult 6YR.+skill & inj fee	03/08/2021	Abott india / Y14 / Right Leg
Flu. vac.adult 7 YR.+skill & inj fee	20/07/2022	Abott india / A15 / Right Leg

Dr. Dinesh Patel

*Dinesh M. Patel*  
20.7.22

**Dr. Dinesh M. Patel**  
(Consulting Pediatrician)

M.B.B.S. (G-8786) M.D., D.Ped (G-1503)  
203, Keshav Chambers, B/M. Badri Restaurant,  
Lalgate, SURAT-395003.

Tel. (0261) 2411138, 2437282, 973741138

# Annual Report Card

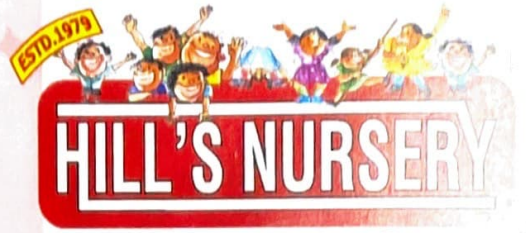
**SENIOR KG**



ESTD. 1979  
Nityank P. Patel.

Student's Name:

Date: 30.3.2022



WHERE CHILDREN COME FIRST

Academic Year : 2021 - 2022

Section – 1 SKILL OBSERVATION	GRADE
<b>LISTENING</b>	
Is able to understand and can personally interact with the teacher.	A+
Is attentive and alert during workshop teaching.	A+
Is able to answer questions related to blended home learning activities.	A+
<b>SPEAKING</b>	
Speaks in English.	A+
Answers questions on general topics.	A+
Has good pronunciation.	A+
Is able to recite rhymes and sing songs.	A+
Is able to narrate the story.	A+
<b>READING</b>	
Is able to read using sight words/phonetically/syllable blending.	A+
Reads the print directionally.	A+
Is able to read and comprehend.	A+
<b>WRITING</b>	
Applies correct amount of pressure to the pencil.	A+
Writes in legible and clear fonts.	A+
Is clear on the formation of words/ sentences.	A+
Completes the task on time.	A+
<b>MATHEMATICS</b>	
Is able to group, sort, position and match.	A+
Is able to add/subtract/word problem.	A+
Is able to understand mathematical signs >, <, =, +, -.	A+
<b>E.V.S</b>	
Is able to label different parts of the given objects.	A+
Is able to classify seasons, day/night, living /non-living, Vegetables, Vehicles and Flowers.	A+
Knows about Natural resources like Sun, Air, Water.	A+
Is aware about festivals and occasions.	A+
Is able to identify utility buildings, community helpers and their tools.	A+
<b>HINDI</b>	
बच्चा काव्य का सही उच्चारण कर सकता है।	A+
बच्चा चित्र को सही वर्ण से मिला सकता है।	A+
स्वर और व्यंजन को सही क्रम से लिखता है।	A+
१ से २० गिनती की पहचान है।	A+
<b>GUJARATI</b>	
‘ક થી ઘ’ ઓળખો.	A+
‘ક થી ઘ’ લખો.	A+
૧ થી ૧૦ ઓળખો.	A+

<b>DRAWING</b>		सं. 75503 दिनांक 21/6/22	
Is able to join dots and numbers independently.		भारत का राजदूतावास, दोहा के कंसुलर विभाग में देखा गया।	A+
Is able to use scale and stencils.			A+
Uses appropriate colours for the given objects.			A+
Is able to colour with even strokes in one direction.			A+
Is able to draw freehand.			A+
<b>CRAFT</b>			
Is able to use scissors.		भारतीय दूतावास इस दस्तवेज की अन्तर्वस्तुओं की कोई जिम्मेदारी नहीं लेता है।	A+
Is good at paper folding.			A+
Applies gum on the edges.			A+
Sticks the objects on its correct place.			A+
<b>DANCE</b>			
Dances gracefully, confidently with expressions.		Embassy of India does not accept any responsibility for the contents of this document	A+
Is able to follow steps in sequence.			A+
<b>PHYSICAL ACTIVITIES</b>			
Enjoys Balancing, Scarf activities and Playing Sports Games.			A+
Is good at Yoga.			A+
<b>STEM</b>			
Likes			A+
Enjoy			A+
leave			A+
Undr			A+
<b>Section - BOOK</b>			<b>GRADE</b>
Atte			A+
Subr			A+
<b>CELEBRATIONS</b>			
Attends virtual field trips.			A+
Eagerly participates by giving speech, portraying the character and arranging accessories.			A+
Attends parent teacher meeting on time.			A+
<b>Section - 3 PERFORMANCE IN SCHOLASTIC AREAS</b>			<b>GRADE</b>
Maths			A+
English			A+
E.V.S.			A+
Hindi			A+
Gujarati			A+
Craft			A+
Drawing			A+

**ATTESTED**  
 ASHOK KUMAR  
 ADVOCATE  
 L. NO. 4448  
 NOTARY PUBLIC  
 GOVT. OF INDIA

Sub Divisional  
 Magistrate (Shahdara)  
 District Shahdara  
 New Delhi-110093



STATE OF QATAR دولة قطر  
 Ministry Of Foreign Affairs وزارة الخارجية  
 No.: 2022001072327/1 الرقم:  
 Date: 05/06/2022 التاريخ:  
 Amount: 100 QAR السعر:  
 NITYAMK.P. PATEL  
 In - في الدوحة

Sub Divisional District Judge  
 of Marriage Attested.  
 विद्वत् मशरफ़ इस दस्तावेज की जिम्मेदारी नहीं लेता।  
 20 MAY 2022

भारत का राजदूतावास  
 EMBASSY OF INDIA  
 रातो-6  
 दोहा DOHA

Sarup Singh  
 सरूप सिंह  
 अतारो  
 Attache

Mrs. Khannvashi.  
 Teacher's Sign.

B. H. Hilluwalla  
 Principal's Sign.

981-2-3 Palia Street  
**NANPURA**  
 Tel : +91 88660 41477

Hilluwalla Hill, Delha Street  
**RUSTOMPURA**  
 Tel : +91 90330 42477

Opp. SMC Party Plot  
**ATHWALINES**  
 Tel : +91 88660 43477

Near DGVCL, VIP Road  
**VESU, BHARTANA**  
 Tel : +91 81406 77477



IF YOU FIND THIS CARD, PLEASE RETURN TO THE SECURITY DEPARTMENT OF HAMAD MEDICAL CORPORATION

إذا وجدت هذه البطاقة الرجاء إعادتها إلى قسم الأمن في مؤسسة حمد الطبية



IMPORTANT MEDICAL DATA الأعراس المرضية الأساسية

- CAD
- EPILEPSY
- HYPERTENSION
- DIABETES MELLITUS
- COAGULATION DISORDER
- RENAL FAILURE
- ASTHMA & COPD
- DRUGS ALLERGY
- IMUNOSUPPRESSED

BLOOD GROUP: **B+**

HEALTH CENT **75**

تاريخ الإصدار  
**16/8/2022**

PHC :  
Location : **68949KRN**



مؤسسة حمد الطبية  
Hamad Medical Corporation

HEALTH - EDUCATION - RESEARCH صحة - تعليم - بحوث

H.C. No. : الرقم الصحي: **HC04817211**  
البطاقة الصحية  
Health Card

الإسم: **نيتياتك باتيل**  
Name: **NITYANK PRITESHKUMAR PATEL**  
تاريخ الميلاد: **24/8/2015**  
Date of Birth:  
الجنسية: **هندي**  
Nationality: **Indian**  
الرقم الشخصي: **31535607895**  
ID No:

Passport Number: T2438413 رقم جواز السفر:  
Passport Expiry: 11/03/2029 تاريخ انتهاء الجواز:  
Serial No: 31528635621071 الرقم المسلسل:  
Residency Type: عمل نوع الرخصة:  
Employer: شركة قطر غاز للتشغيل المحدوده المستقيم:

مدير عام الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports

توقيع حامل البطاقة  
Holder's signature

 | 



State Of Qatar  
Residency Permit



دولة قطر  
رخصة إقامة

ID.No: 28635621071 الرقم الشخصي:  
D.O.B.: 02/10/1986 تاريخ الميلاد:  
Expiry: 29/03/2023 الصلاحية:  
Nationality: الهند الجنسية:  
Occupation: فني المهنة:



الاسم: پريتيشكومار شاشيكانتبهاي پاتيل

Name: PRITESHKUMAR SHASHIKANTBHAI PATEL

Passport Number: N1618451 رقم جواز السفر:  
Passport Expiry: 06/08/2025 تاريخ انتهاء الجواز:  
Serial No: 30129135649201 الرقم الممثل:  
Residency Type: عقليه نوع الرخصة:  
Employer: بريتيشكومار شاشيكنتبهاي باتيل المستقدم:  
مدبر عام الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports توقيع حامل البطاقة  
Holder's signature




State Of Qatar  
Residency Permit



دولة قطر  
رخصة إقامة

ID.No: 29135649201 الرقم الشخصي:  
D.O.B.: 02/12/1991 تاريخ الميلاد:  
Expiry: 04/08/2025 الصلاحية:  
الهند الجنسية:  
Nationality: INDIA  
Occupation: ربة منزل المهنة:



الاسم: ريدهي باتيل

Name: RIDDHI PRITESHKUMAR PATEL







