

OM CHARITABLE TRUST

9th Inter- Patashala Vedic Competition Enrollment Form for Shastra Competition

(Competition Dates: 2017 August 5 and 6)

Name of the Pāṭhaśāla (in
Capital letters)

Address (in capital letters)

Pincode

Phone No:

Name of the Principal/ Trustee

Mobile No:

Email id:

Details of Students

(छात्राणां निर्देशः)

| Śāstra | Sāhitya | Mīmāṃsā | Nyāya | Vyākaraṇa |
|---|---------|---------------|--------|-----------|
| Total Number of Students studying in the Pāṭhaśāla | | | | |
| (छात्राणां पठितृणां संख्या प्रतिशास्त्रे) | Advaita | Viśiṣṭādvaita | Dvaita | Jyotiṣa |
| | | | | |

Details of Teachers (प्रतिशास्त्रे अध्यापकानां एकैकस्य नाम, उपाधिः, पाठशालायां आयोजन दिनांकः भ्रमणध्वनि संख्या च)

| Name | Qualification | Date of Joining | Śāstra | Mobile No |
|------|---------------|-----------------|--------|-----------|
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Certificate

1. This is to certify that the students in the enclosed list are studying in our college and the details about them have been verified and given correctly.
2. We have gone through the rules of the competition fully and are in full agreement with that.
3. None of the students has written the final examination in the Shastra in which he/she competes.

Date:

Signature of the Principal / Trustee with seal