

OM CHARITABLE TRUST

9th Inter- Patashala Vedic Competition

Enrollment Form

(Competition Dates: 2017 August 4,5 and 6)

Name of the Pāṭhaśāla (in
Capital letters)

Address (in capital letters)

Pincode:

Ph. No:

Ph. No.(2):

Name of the Principal/ Trustee

Mobile No:

Email id for Pāṭhaśālā:

Details of Students

(छात्राणां निर्देशः)

| Veda | R̥k Veda | Śukla Yajur Veda | Kṛṣṇa Yajur Veda | Sāma Veda | Atharva Veda |
|--|----------|------------------|------------------|-----------|--------------|
| Śākhā | | | | | |
| Total Number of Students studying in the Pāṭhaśāla (अन्तेवासिनाम् सर्वेषां संख्या प्रतिवेदे) | | | | | |
| Number of Students joining the competition (स्पर्धायां भागग्रहीतृणां संख्या) | | | | | |

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

| Name | Qualification | Veda Taught | Date of Joining | Mobile No |
|------|---------------|-------------|-----------------|-----------|
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The details of Bank Account for crediting the expenses on Travel (प्रयाणव्ययनिक्षेपणार्थम् अधिकोषनिर्देशः)

| | |
|-----------------------------|-----------------------|
| Name of the Bank and Branch | Account Holder's Name |
| A/C No: | IFS Code: |

Certificate

1. This is to certify that the students in the enclosed list are of our school 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 is gainfully employed.

Date:

Signature of the Principal / Trustee