

SRI SURUBHYO NAMAHA

SRI VEDA VYASA NAMAHA

VEDA RAKSHANA NIDHI TRUST (R)NO. 64 / 31 SUBRAMANIAN STREET WEST MAMBALAM
CHENNAI 600033 PHONE: 044-24740549

EMAIL: office@vrnt.org WEBSITE:- WWW.VRNT.ORG

**VARSHIKA PARIKSHA APPLICATION:-
ADHYAYANA PORTIONS**

PATASALA'S NAME:

FULL ADDRESS
WITH PINCODE:

LANDLINE TELEPHONE:

PATASALA EMAIL ID:

VEDA SAKHA:ADMINISTERED BY:
(ORGANISATION SEAL
WITH ADDRESS)

ADYAPAKAR NAME:

WHATS APP MOBILE NUMBER:

EMAIL ID:

QUALIFICATION:

ADHYAPAKAR'S BANK DETAILS FOR GURUDHAKSHANA

BANK A/C NO.:

IFSC CODE:

NAME AS PER BANK:

S. N O	VIDYARTHI PARTICULARS		AGE	GOTHRAM SUTHRAM	YEAR ADHYAYANA STARTED	PORTIONS ALREADY COVERED IN EARLIER VARSHIKA EXAMINATIONS	PORTIONS OFFERED NOW FOR THIS YEAR'S VARSHIKA EXAMINATION	PANCHATHI / VARGAM/ SAMA
1	<u>NAME</u>	<u>FATHER/ GUARDIAN NAME</u>	<u>AGE</u>	<u>GOTHRAM</u>				
	<u>ADDRESS:</u>		<u>DOB:</u>	<u>SUTHRAM</u>				
2	<u>NAME</u>	<u>FATHER/ GUARDIAN NAME</u>	<u>AGE</u>	<u>GOTHRAM</u>				
	<u>ADDRESS:</u>		<u>DOB:</u>	<u>SUTHRAM</u>				
3	<u>NAME</u>	<u>FATHER/ GUARDIAN NAME</u>	<u>AGE</u>	<u>GOTHRAM</u>				
	<u>ADDRESS:</u>		<u>DOB:</u>	<u>SUTHRAM</u>				
4	<u>NAME</u>	<u>FATHER/ GUARDIAN NAME</u>	<u>AGE</u>	<u>GOTHRAM</u>				
	<u>ADDRESS:</u>		<u>DOB:</u>	<u>SUTHRAM</u>				

PLEASE TAKE XEROX COPIES OF THIS FORM FOR MORE NUMBER OF VIDYARTHIS

LAST DATE FOR SUBMISSION OF FORM : 31ST OCTOBER

" I CERTIFY THAT ALL THE VIDYARTHIS WILL RECITE THE PORTIONS MENTIONED
ABOVE WITH FULL KANTASHA AND PROPER SWARA AND PRONUNCIATION. "

(SIGNATURE & SEAL ON BEHALF OF THE MANAGEMENT)

(SIGNATURE OF ADHYAPAKAR)