

# SRI SRI OMKARNATHDEV VAIDIC VIDYAPITHA

MAHAMILAN MATH, 7/7 SITARAMDAS OMKARNATH SARANI,  
KOLKATA -700108



## Examination Application Form 2025

Name of the Candidate : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Father's Name / Mother's Name / Guardian's Name \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

Name of Lecturer/ Guru: \_\_\_\_\_

Subject of Examination: \_\_\_\_\_

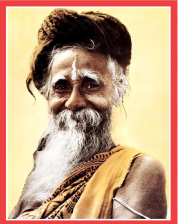
Class : \_\_\_\_\_ (Prathama / Madhyama / Upadhi)

Registration No: \_\_\_\_\_ Roll No: \_\_\_\_\_

Passport  
Photo  
3.5CM  
x  
4.5CM

Signature of the Candidate

Date:



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KOLKATA -700108



## ADMIT CARD

Registration No : \_\_\_\_\_

Roll No : \_\_\_\_\_

Name of the Candidate : \_\_\_\_\_

Class : \_\_\_\_\_ (Prathama / Madhyama / Upadhi)

Subject of Examination: \_\_\_\_\_

Name of the Examination Centre : \_\_\_\_\_

Passport  
Photo  
3.5CM  
x  
4.5CM

Date:

Signature of Controller of Examination