MANASADWIP RAMAKRISHNA MISSION PRAKTANI SAMSAD

Reg. No-IV-190102213/2025
P.O - Manasadwip, **Dist.-** South 24 Parganas, **PIN-**743373, West Bengal
Contact no: 8016136380 **Email:** mrkmpraktani@gmail.com
Website: www.mrkmpraktanisamsad.com

সোপান মক টেস্ট

**Please fill in the form in CAPITAL LETTERS only.*

Date: -

APPLYING FOR MOCK–II

(For Office Use only)

Mock Test Fee-150

Roll No: - MRKMPS/MT26/

NAME _____

Father's / Guardian's Name _____

Name of Institution _____

_____

WhatsApp Number _____ **Note (*if any*)** _____

☐ **I confirm that I have read and understood all the rules, instructions, and guidelines of the Class IV Mock Test. I agree to follow them. I also understand that if I lose my Admit Card, I will not be allowed to appear for the examination.**

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Signature of Guardian ***Signature of Student***

Ramakrishna Mission Praktani Samsad P.O. Manasadwip Sagar Island 24 Parganas South

(For Office Use only)

RECEIVED RS.: _____ RECEIVED SIGNATURE WITH DATE: _____

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সোপান মক টেস্ট
ADMIT CARD

APPLYING FOR MOCK–II

Roll No: - MRKMPS/MT26/_____ ***(For Office Use only)***

Date of Written Examination: - November 15, 2026 (Sunday)

Time: - 11.00 A.M.

RECENT PASSPORT SIZE COLOUR PHOTOGRAPH
সাম্প্রতিক পাসপোর্ট সাইজের রঙিন ছবি

NAME _____

Guardian's Name _____

Name of Institution _____

S.Pahi

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SIGNATURE OF THE EXAMINEE ***CONTROLLER OF EXAMINATIONS***