



Student Name: _____

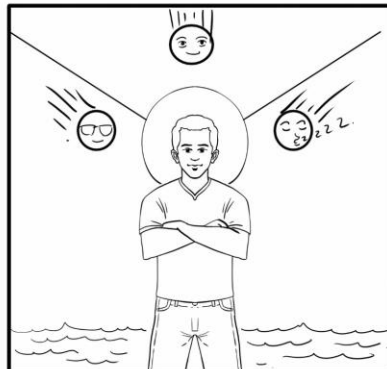
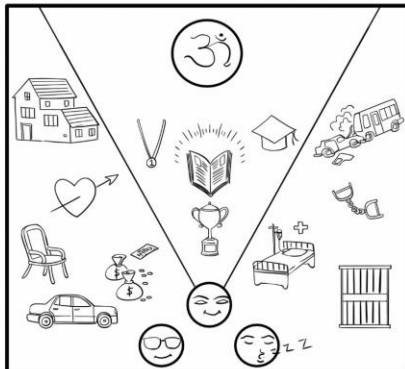
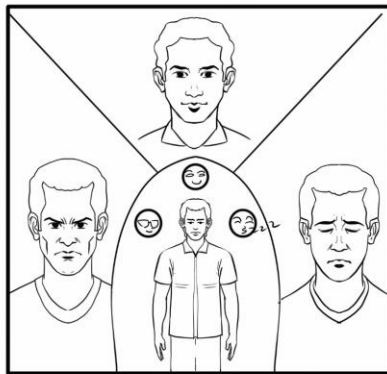
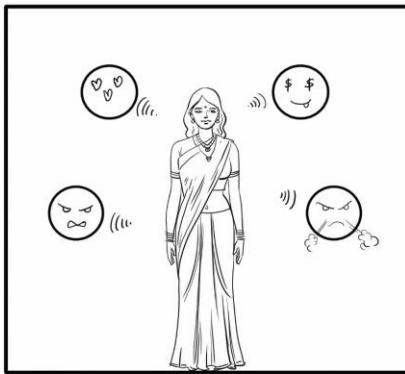
Date of birth: _____ Class and Section _____

School name: _____

Address: _____

City/Town: _____ Pin/Zip: _____

Fill colours to the following graphic illustrations. Transliterate shlokas of this lesson on the other side of this page. Make an oral presentation of shlokas and a brief summary of their meaning either individually or in small groups.



Project Assessment

Shloka Writing

- ① ② ③ ④ ⑤

Shloka Recitation

- ① ② ③ ④ ⑤

Shloka Summary

- ① ② ③ ④ ⑤

Graphic Illustration

- ① ② ③ ④ ⑤

Aggregate Grade

- ① ② ③ ④ ⑤

Examiner Signature

Date: _____

Name: _____