

Fill this centre registration form using CAPITAL letters and SEND it to **Dr. B.P. Tyagi**.
Please do not forget to mention PIN CODE.

From :



Date : _____

Email: _____

Centre No.:

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To,

Dr. B.P. Tyagi
Co-ordinator NGPE
Indian Association of Physics Teachers
**23, Adarsh Vihar, Raipur Road,
Dehradun - 248001 (Uttarakhand)**

Sir,

Our Institution _____ is a Registered centre / may please be Registered for **National Graduate Physics Examination - 2016**. Prof. _____ is appointed as Prof. In-charge of this Voluntary Academic Activity for the year 2015-2016. *This Institution will provide the necessary facilities for the conduct of examination free of charge.*

You are hereafter requested to communicate to the Prof. In-charge in connection with this examination.

Yours faithfully,



PRINCIPAL

(NAME _____)

Phone (Off.) (Code _____) _____

Prof. in-charge : Dr. _____

Address (Off.) : _____
_____ Pin : _____

Phone (Off.) : (_____) _____
code

Address (Res.) : _____
_____ Pin : _____

Phone (Res.) : (_____) _____
code

Email id : _____

(Please ✓ address for all further correspondence)