

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 : \_\_\_\_\_

Centre number 

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(if known)

To,  
Dr. B.P. Tyagi  
Co-ordinator  
National Graduate Physics Examination  
**23, Adarsh Vihar, Raipur Road,  
Dehradun - 248001 (Uttarakhand)**

Email: \_\_\_\_\_

Sir,

Our Institution \_\_\_\_\_ is a Registered  
centre / may please be Registered for **National Graduate Physics Examination - 2017**  
Prof. \_\_\_\_\_ is appointed  
as Prof. In-charge of this Voluntary Academic Activity for the year 2016-2017. *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)