

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

From : _____



Date : _____

Centre number

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(if known)

To,
Prof. B.P. Tyagi
Chief Co-ordinator (Examination)
National Graduate Physics Examination
Indian Association of Physics Teachers
**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 - 2020**
Prof. _____ is appointed
as Prof. In-charge of this Voluntary Academic Activity for the year 2019-2020. *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)