CENTER REGISTRATION FORM

Fill this form using CAPITAL letters and send it to Prof. **M. L. Ogalapurkar** together with enrolment list of students and DD. Please do not forget to mention PIN code number.

From : Date : _____

CENTRE NUMBER

(Do not write if not alloted)

To

Prof. M. L. Ogalapurkar,
Co - ordinator NSE's,
IAPT Central Office, I. I. E. Campus,
128 / 2, J. P. Naik Marg,
Kothrud, Pune 411 038.

Sir

Our Institution is a Registered centre / may please be registered for National Standard Examinations of IAPT. Prof. _____ is appointed as Prof. incharge of this activity for the year 2010 - 2011. *This institute will provide the necessary facilities for the conduct of examination free of cost.*

You are hereafter requested to communicate to the Prof. incharge in connection with this examination.

Yours faithfully,

Signature of Prof. In-charge

SEAL

PRINCIPAL

(NAME _____)

Res. Ph. (Code _____) _____

Prof. in-charge : Mr. / Ms. _____

Off. Address : _____

_____ PIN : _____

Off. Ph. : ( ) _____
code

e-mail : _____ Fax : _____

Res. Address : _____

_____ PIN : _____

Res. Ph. : ( ) _____
code

Thank you for your co-operation - IAPT