

For centre registration for SEHSS – 2025, fill this form using CAPITAL letters and upload scan copy of dully signed and stamped document during centre registration. Please do not forget to mention PIN CODE

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Date: \_\_\_\_\_

Centre Number  
(If known)

H	S					
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To,

**Prof. B P Tyagi**  
Chief Coordinator (Examination)  
Indian Association of Physics Teachers  
**15, Block II, Rispana Road**  
**Dehradun – 248001 (Uttarakhand)**

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

Sir,

Our School / College / Jr College / Institution named as \_\_\_\_\_  
\_\_\_\_\_ may kindly be registered as a centre for

### **Standard Examination in High School Science (SEHSS – 2025)**

School UDISE Code is \_\_\_\_\_  
Mr/Ms \_\_\_\_\_ is appointed as the **Centre in-charge** of this Voluntary Academic Activity for the year 2025 - 2026. This school/institution will provide the necessary facilities for the conduct of examination free of charge. Being the Head of the institution, I undertake the responsibility of the sanctity & secrecy of the said examination.

Maximum number of the students that can be accommodated in one session is \_\_\_\_\_

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

Yours faithfully



\_\_\_\_\_  
PRINCIPAL

(NAME \_\_\_\_\_ )  
Phone (Off.)(Code \_\_\_\_ ) \_\_\_\_\_  
Mobile \_\_\_\_\_

Centre In-charge : Mr/ Ms \_\_\_\_\_

Address (off) : \_\_\_\_\_ PIN: \_\_\_\_\_

Phone (off.) : ( \_\_\_\_\_ )  
code

Address (Res) : \_\_\_\_\_ PIN: \_\_\_\_\_

Phone (Res) : ( \_\_\_\_\_ )  
code

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

(Please ✓ address for all further correspondence)