

Name of the University: _____

Address _____

University Telephone No.(s) _____

University Email ID: _____

Type of University: Central University/State University/Deemed University/Private University (Please tick)

Details of Faculty Members for Observer Duty for NEET-2018

Sl. No.	Name , Designation & Department	Mobile no
1		
2		
3		
4		
5		
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Signature of the Authorized Signatory

With Seal