

**NATIONAL CENTRE FOR NON-DESTRUCTIVE TESTING  
SCIENTIFIC AND ENGINEERING SERVICES DIRECTORATE**

Plot # 234, Street # 07, Sector I-9/2, Industrial Area, Islamabad  
Ph: (051)9257347~53 Fax: (051)9258642, 9258524



**CERTIFICATION APPLICATION FORM**

**Candidate Information**

Name of Candidate				Picture
CNIC No:				
E-mail:				
Contact/Cell No.:		PASNT membership #		
Complete Address:				
Qualification (as per course eligibility criteria)	Academic (FSc, BS, DAE, BTech, etc)		NDT qualification	
Total NDT experience (in months for the method applied)				
Method for Certification:			Level:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Training Received:	From		To	Training Hours
Authorised Training Body	<input type="checkbox"/> Training Division, SES <input type="checkbox"/> If other, specify:			

**Fee Detail (Fee for Certification)**

Fee Due: Rs. _____/-	Mode of Fee Payment: <input type="checkbox"/> Cheque/Demand Draft <input type="checkbox"/> Cash Payment
Certification/Exam costs are separate from Training costs as per published scale of Fees.	
For cheque/Demand Draft:	Fee payable to <u>HEAD LAO (SES)</u> and forwarded to Director NCNDT (address mentioned above) before start of the course.

I hereby confirm that:

- All information given in the application is true.
- I will inform NCNDT, if any information on the certificate is incorrect, if I cannot comply with the requirements of certification anymore or if the information given in this form has changed.
- I will inform NCNDT immediately about all objections made against the certificate issued for me. Furthermore, I release NCNDT of all claims which could arise from my activities as a certified person.
- In case of suspension or withdrawal of my certification, I shall refrain immediately from advertising with reference to my certification and refrain from giving any indication of being in certified status.

I am aware that false information in the application form, misleading use of the certificate or logo as well as violation of the code ethics will lead to suspension or withdrawal of the certificate by NCNDT at any time, since it remains the owner of the certificate. Certificates issued with mistakes will be recalled, corrected and re-issued with the original date of issue.

I authorize NCNDT explicitly to obtain any data that is necessary to verify the information required for certification, and I agree that my personal data will be stored up to 10 years after expiry of my certificate(s) electronically, will be used during processing my application, and will be published in a list of certified persons on an appropriate location. The personal data maybe deleted automatically afterwards.

In case that confidential information is requested about my person by a third party, this can be given only after my consent, unless a statutory regulation states otherwise.

Furthermore, I confirm by signing that I have read NCNDT's General Terms and Conditions.

Signature of Candidate		Date	
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**Eligibility for NDT Certification:** Please tick the information provided

1. Copy of National Identity Card (CNIC); Tick if provided	<input type="checkbox"/>
2. Valid Vision Acuity test report; Tick if provided	<input type="checkbox"/>
3. Training Record (eg, SES Training Certificate); Tick if provided	<input type="checkbox"/>
4. Sufficient Period Experience Certificate; Tick if provided	<input type="checkbox"/>
5. Attested copy of Relevant Qualification Certificate/Degree; Tick if provided	<input type="checkbox"/>
6. Applicable NDT Certification (e.g. Level-1 before Level-2); Tick if copy provided	<input type="checkbox"/>
7. Fees Payment; Tick if paid	<input type="checkbox"/>
8. If applying for certification only, please provide evidence of completion of recognized acceptable training.	<input type="checkbox"/>

I have filled the checklist above. I declare that the information provided is accurate and true.

Candidate's Signature with Date:

**For Official Use**

Remarks:

CB Representative:

Signature with Date: