

## Re-Exam/Re-Certification *(for NCNDT-PWI training course)*

### Registration Form

Name of Participant:		<b>02 Pictures</b>	
Father Name:			
Date & Place of Birth:			
CNIC (attach copy):			
Religion & Sect (e.g Islam &Sunni):			
Contact/Cell Nos.:		PWS/ PASNT membership #	
Corresponding Address:			
E-mail:			

Please tick clearly:	
<input type="checkbox"/> <b>Re-certification</b>	<input type="checkbox"/> <b>Re-examination</b>
Method _____	
Pervious Course No & Date: _____	
Please mark: <input type="checkbox"/> General Paper <input type="checkbox"/> Specific Paper <input type="checkbox"/> Safety <input type="checkbox"/> Practical ]	

*Signature with date (participant)*

*(To be filled in by nominating Organization/Institute/Company)*

Name & Designation of Participant:			
Complete Address: of the Organization/Institute/Company			
Tel, Fax, Email (Mandatory) of the Organization/Institute/Company			

#### **UNDERTAKING (if through department/companies)**

It is declared that the nominee is not involved in any criminal or unethical activities. He will abide by the rules and regulations as laid down by organizing institute. It is also verified that the all documents (required for this course) are attested.

Nominating Authority \_\_\_\_\_  
Signature, Name with office stamp

Address: Training Division Plot # 234, Street # 07, Sector I-9/2, Industrial Area, Post Box 1781, Islamabad. Exchange: (051) 9257347-53 (Ext: 3164 & 3165) Fax:(051)9258642, 9258724
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