

**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



RE-CERTIFICATION APPLICATION FORM

Candidate Information

Name of Participant:			2 Pictures
CNIC No.:			
E-mail:			
Contact/Cell No:		PASNT membership #	
Complete Address:			
Qualification:			

Previous Course Detail

Method for Re-Certification	<input type="checkbox"/> UT	<input type="checkbox"/> RT	<input type="checkbox"/> PT	<input type="checkbox"/> LT	<input type="checkbox"/> VT	<input type="checkbox"/> ET	<input type="checkbox"/> MT
Select Level:	<input type="checkbox"/> Level-1	<input type="checkbox"/> Level-2	<input type="checkbox"/> Level-3				
Certificate Registration No.:							
Previous Certificate issue date:							

Fee Detail (For Re-Certification)

Fee Due: Rs. _____/-	Mode of Fee Payment: <input type="checkbox"/> Cheque/Demand Draft <input type="checkbox"/> Cash Payment
For Cheque/Demand Draft:	Fee payable to <u>HEAD LAO (SES)</u> and forwarded to Director NCNDT (address mentioned above) before start of the exam.

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

Signature of Candidate		Date	
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If nomination from Organization/Institute/Company

Name and Address of the Employer/Company			
Contact Detail of the employer/company	Ph.	Fax	E-mail

The candidate has been working in the NDT method applied for re-certification without significant interruption during the last 5 years

I/We undertake to pay, in full, all the exam fees prior to the exam start date in accordance with the published scale of fees.

Name of Authorised company representative		Designation	
Signature with Date		Stamp	

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Eligibility Criteria for Re-Certification; Please tick the information provided

- | | |
|---|--------------------------|
| 1. Duly filled Re-certification application form | <input type="checkbox"/> |
| 2. Evidence of continued working experience; Tick if attached | <input type="checkbox"/> |
| 3. Copy of previous certificate; Tick if attached | <input type="checkbox"/> |
| 4. Was certification done less than 5 years ago (in the method for Re-Certification)? Tick if yes | <input type="checkbox"/> |
| 5. Valid Vision Acuity test report; Tick if attached | <input type="checkbox"/> |
| 6. Do you know which exam papers to appear in? Tick if yes; if not please enquire. | <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: