

**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-EXAMINATION APPLICATION FORM**

**Candidate Information**

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

**Previous Course Detail**

Select Paper for exam:	<input type="checkbox"/> General	<input type="checkbox"/> Specific	<input type="checkbox"/> Safety	<input type="checkbox"/> Method	<input type="checkbox"/> Basic	<input type="checkbox"/> Practical
Previous Course Title:						
Previous Course No.	NDT-					
Previous Course Date	From		To			

**Fee Detail (For Re-Examination)**

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

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-Examination;** Please tick the information provided

- |  |                          |
|--|--------------------------|
| 1. Duly filled Re-examination application form   | <input type="checkbox"/> |
| 2. Course Training Certificate; Tick if attached   | <input type="checkbox"/> |
| 3. Exam papers to appear in; Tick if you have selected on page-1 of this form  | <input type="checkbox"/> |
| 4. Re-exam can be taken 01 month after initial exam and total 2 re-exam chances within 2 years of initial exam; Tick if eligible | <input type="checkbox"/> |
| 5. Valid Vision Acuity test report; Tick if attached   | <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: