

**TRAINING & INDUSTRIAL SAFETY DIVISION
SCIENTIFIC AND ENGINEERING SERVICES DIRECTORATE**

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



COURSE APPLICATION FORM

Applicant Information

Name of Applicant:				2 Pictures
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 (incl. period in the method applied)				
Course Title				
Course Duration	From		To	
Tick (✓) appropriate box:	<input type="checkbox"/> Only Training		<input type="checkbox"/> Training and Certification	

Fee Detail (Fee for Training and/or Certification)

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

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 Employer/Company			
Contact Detail of employer/company	Ph.	Fax	E-mail

Experience of Candidate: Please fill the methods below where NDT job functions were performed by the candidate named above and indicate the number of months claimed for each method.

ET _____	LT _____	MT _____	PT _____	RT _____	UT _____	VT _____
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I confirm that the information given above is correct. I/We undertake to pay all the course fees prior to the course start date.

Name of Authorised company representative		Designation	
Signature with Date:		Stamp	

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Eligibility for Course Enrolment: Please tick the information provided

- | | |
|---|--------------------------|
| 1. Duly filled Course Application Form; Tick if completely filled | <input type="checkbox"/> |
| 2. Copy of National Identity Card (CNIC); Tick if attached | <input type="checkbox"/> |
| 3. Attested copy of Relevant Qualification Certificate/Degree; Tick if attached | <input type="checkbox"/> |
| 4. Sufficient Period Experience Certificate; Tick if attached | <input type="checkbox"/> |
| 5. Valid Vision Acuity test report; Tick if attached | <input type="checkbox"/> |
| 6. Any other document (eg, copy of Level-1 certificate for entry in Level-2 course) _____ | <input type="checkbox"/> |

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

Applicant's Signature with Date:

For Official use

Remarks:

ATO Representative:

Signature with Date: