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TRINITY INSTITUTE OF NDT TECHNOLOGY

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APPLICATION FOR COURSE REGISTRATION

Date: _____

Full Name (in Block Letters):_____

Date of Birth & Nationality :_____

Present Office Address :_____

_____

_____

Permanent Address :_____

_____

_____

Sponsored By : Self ☐ Company ☐ (Mark 'X' any one)

Company Name(if sponsored):_____

Correspondence Address : Office ☐ Permanent ☐ (Mark 'X' any one)

Email ID :_____

Mobile No. :_____

Phone No. :_____

Educational Qualifications(Please attach Xerox copies):

Sl No.	School / College / Institution	Exam / Course Passed	Year of Passing

Work Experience(Please attach Experience Certificate/s): Use additional Sheet if required

Sl No.	Company Name	Duration	Designation	Responsibilities in Brief

Training Courses attending and Level : _____

Course registration and exam fee of Rs. _____are enclosed by cash/Online fund transfer/Demand Draft /Cheque (Local Only) No. _____ Dated _____Bank _____drawn on favour of 'Trinity NDT Engineers', payable at Bangalore.

I hereby certify that all the facts given with reference to my educational qualifications and work experience are true to the best of my knowledge and belief and that I have not with held any information which might be detrimental.

Check list	mark 'X'
1. Completely filled in Registration form	☐
2. Copies of Educational Qualifications	☐
3. Work Experience Certificate/s	☐
4. One Passport size color photograph	☐
5. Eye fitness certificate	☐
6. Course & Examination fee	☐

Signature of the Candidate

(If the form is filled electronically and emailing no signature required)

Fill up the form electronically, email us or print and send to us

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For Online course registration, visit: www.trinityndt.com