

## APPLICATION FOR NDT LEVEL I / II CERTIFICATION REVALIDATION

Full Name (in Block Letters): \_\_\_\_\_

Date of Birth & Nationality : \_\_\_\_\_

Present Office Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Email ID : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Phone No. : \_\_\_\_\_

Certification Method/s & Level : \_\_\_\_\_

NDT certificate revalidation 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 withheld any information which might be detrimental.

Place:

Date:

**Signature of the Candidate**

### Check list

mark 'X'

1. Completely filled in Registration form
2. Original NDT Certificate/s
3. Work Experience Certificate/s
4. One Passport size color photograph
5. Eye fitness certificate
6. Certificate re-validation fee

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

**EDUCATIONAL QUALIFICATIONS (USE ADDITIONAL SHEETS WHEREVER REQUIRED)**

School Education (Give details of highest examination passed)

<i>Sl. No.</i>	<i>School</i>	<i>Examination passed</i>	<i>Year</i>
1.			
2.			

**COLLEGE EDUCATION**

<i>Sl. No.</i>	<i>College / University</i>	<i>Course Studied</i>	<i>Exam Passed</i>	<i>Year</i>
1.				
2.				
3.				

**NDT TRAINING COURSES ATTENDED**

<i>Sl. No.</i>	<i>Course</i>	<i>Conducted by</i>	<i>Dates</i>	<i>Duration in hours</i>
1.				
2.				

**NDT CERTIFICATES OBTAINED**

<i>Sl. No.</i>	<i>Method</i>	<i>Level</i>	<i>Date of certificate</i>	<i>Issued by</i>
1.				
2.				
3.				
4.				

**WORK EXPERIENCE SUMMARY**

<i>Sl. No</i>	<i>Employers' Name</i> <i>Address</i>	<i>Position</i>	<i>From</i>	<i>To</i>	<i>Duration</i> <i>Year Month</i>	<i>Job Description</i> <i>(specify also the</i> <i>NDT methods used)</i>
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It is certified that the information given by the applicant with reference to his present work experience is correct.

Date:

Signature of the Present  
Employer with Designation  
with Official seal.

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## DOCUMENT FOR EYE FITNESS EXAMINATION

### Vision Requirements

Vision examination shall be administered by an ophthalmologist. The visual examination date must be within 12 months of the date that this form is signed. The form below may be used to document this requirement.

### Near distance vision:

Must have visual acuity in at least one eye capable of reading the JaegerJ2 test chart, or equivalent, at a distance of not less than 30.5cm (12in.)

### Color Vision:

Must be able to differentiate between the colors used in the NDT methods in which certification is sought.

### Attestation of Visual Acuity

Name of the candidate:

Date of eye exam :

I attest that I administered a near distance examination on the candidate named above, and that the candidate has natural or corrected near distance acuity in at least one eye capable of reading the Jaeger Number 2 test chart or equivalent at a distance of not less than 30.5cm(12in.)

I attest that I administered a color perception examination on the candidate named above, and that the candidate has:

No Color Perception Deficiency       Color Perception Deficiency (Specify)\_\_\_\_\_

**Signature of Eye Examiner with seal**

**Date:**