



## Application for Non Destructive Testing Workshop

Please mark the appropriate box

NDT for Welders

Thermographic Testing

Concrete Structure Testing

Radiographic Interpretation

NDT Practical Training (Aviation Students)

One Day Workshop for Engineers

Starting date of the course : \_\_\_\_\_

### Personal Details

Full Name: (Mr./Ms./Mrs.).....  
.....

Mailing Address:  
.....  
.....

Mobile No. :.....

NIC Number: .....

Email Address: .....

Passport Number: .....

Date of Birth : .....

Citizenship : .....

Civil Status : .....

Gender : .....

In case of emergency

Contact: (Mr./Ms./Mrs.).....

Telephone No.: .....

Mobile: .....

### Employment Details

Company Name:.....

Address : .....

Designation : .....

Telephone No. : ..... Fax : ..... E-mail:.....

Payment Details	
Payment method	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Deposit/transfer to Account
Invoice address	
Payment Date:	Please attach the receipt (if available)

I hereby declare that the information provided above are true and accurate to the best of my knowledge.

.....  
Date

.....  
Signature of Applicant

Recommendation of the employer (*Those in employment should forward their application through their present employer*)

I recommend/ do not recommend this application.

If selected, the applicant will be released from his present duties for the duration of the training course.

.....  
Date

.....  
Signature of the Head of the  
Institute

***For Office Use Only***

  
  

.....  
Checked by  
Course Coordinator