



## Application for CBNDT Level 1 / 2 Examination

|   |              |                            |  |
|---|--------------|----------------------------|--|
| Method  |              | Level                      |  |
| <b>Personal Details</b>   |              |                            |  |
| Full Name of Applicant:<br>Dr/ Mr/ Mrs/ Ms<br>(in block letters)  |              |                            |  |
|   |              |                            |  |
| Personal Address  |              |                            |  |
| Correspondence Address<br>(if different from above)   |              |                            |  |
| NIC No  |              | Passport No                |  |
| Contact Information   | Telephone    |                            |  |
|   | Email        |                            |  |
| Emergency Contact   | Name         |                            |  |
|   | Relationship |                            |  |
|   | Telephone    |                            |  |
| <b>Employment Details (if applicable)</b>   |              |                            |  |
| Organization Name and Address   |              |                            |  |
| Job Title   |              |                            |  |
| <b>Accommodation of special needs</b>   |              |                            |  |
| Please declare, within reason, a request for accommodation of special needs (if any).   |              |                            |  |
|   |              |                            |  |
| <b>Note:</b> Please attach a copy of your NIC/passport and eye examination report.  |              |                            |  |
| <b>Declaration by Applicant</b>   |              |                            |  |
| <ul style="list-style-type: none"><li>I certify that the particulars furnished in this application are true.</li><li>I declare that I have read the examination regulations and I will not release confidential examination materials or participate in fraudulent test taking practices.</li></ul> |              |                            |  |
| Signature of Applicant: _____   |              | Date: _____                |  |
| <b>National Certification Body for Non Destructive Testing, Sri Lanka</b>   |              |                            |  |
| Title: Application for CBNDT Examination - Level 1/2  |              | Doc No: CBNDT/FRM/EX/L1_L2 |  |
| Page: 1 of 2  | Rev No:02    | Date of Rev: 18-12-2018    |  |



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### Administration use only

Applicant's Name :

Examination Admission No :

Examination :

Examination Duration :

Validity of Eye Examination Report