



Application for CBNDT Re-Examination

Method			
<input type="checkbox"/> 1 st Repeat Examination	<input type="checkbox"/> 2 nd Repeat Examination		
Date of Original Examination			
Date of 1 st Repeat Examination (if applicable)			
Please check the examination papers to be reexamined.			
Level 1	Level 2	Level 3	
<input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical <input type="checkbox"/> Radiation Safety	<input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical <input type="checkbox"/> Radiation Safety	<input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Radiation Safety	<input type="checkbox"/> Part D <input type="checkbox"/> Part E <input type="checkbox"/> Part F
Personnel Details			
Full Name of Applicant: Dr/ Mr/ Mrs/ Ms (in block letters)			
Correspondence Address			
NIC No		Passport No	
Contact Information	Telephone		
	Email		
Emergency Contact	Name		
	Relationship		
	Telephone		
Employment Details (if applicable)			
Organization Name and Address			
Job Title			
Note: Please attach your eye examination report, a copy of NIC/passport and letter of examination results sent by Examination Committee of CBNDT.			
Declaration by Applicant			
<ul style="list-style-type: none">I certify that the particulars furnished in this application are true.I declare that I have read the examination regulations and I will not release confidential examination materials or participate in fraudulent test taking practices.			
Signature of Applicant: _____		Date: _____	
Administration use only			
Examination Admission No:		Examination Date(s) :	
Method	Level	Validity of Eye Examination Report	<input type="text"/>