

Nomination Form

(FOR RE-EXAMINATION NCFDT-PWI TRAINING COURSE)

Name of Participant:		02 Pictures	
Father Name:			
CNIC (copy attached):			
Contact/Cell No.:		PWS/ PASNT membership #	
Complete Address:			
E-mail (for speedy reply):			
Method/Technique			
Please tick clearly:			
<input type="checkbox"/> Re-certification		<input type="checkbox"/> Re-examination	
Method _____		Pervious NDT Course No & Date: _____	
<input type="checkbox"/> General Paper		<input type="checkbox"/> Specific Paper	<input type="checkbox"/> Safety <input type="checkbox"/> Practical

Fee in the shape of Bank draft/Demand draft in the name of HEAD LAO (NEW-1)

Fee (Rs.)		Draft No.		Attached Yes or not	
-----------	--	-----------	--	---------------------	--

Signature of the Participant with date

(To be filled in by nominated participant of Organization/Institute/Company)

Name & Designation of Participant:			
Complete Address: of the Organization/Institute/Company			
Tel, Fax, Email (Mandatory) of the Organization/Institute/Company			

UNDERTAKING

It is declared that the nominee is not involved in any criminal or unethical activities. He will abide by the rules and regulations as laid down by organizing institute. It is also verified that the all documents (required for this course) are attested.

Nominating Authority _____
Signature, Name with office stamp

**Address: Training Division Plot # 234, Street # 07, Sector I-9/2, Industrial Area, Post Box 1781, Islamabad.
Exchange: (051) 9257347-53 (Ext: 3164 & 3165) Fax:(051)9258642, 9258724**