



REGISTRATION FORM

Training and Certification Course on
Digital Radiography (DR) L -II
(25th Feb - 2nd Mar 2019)



Name of Candidate :

Organisation :

Designation :

Mailing Address :

E-mail ID :

Contact No (Tel / Mobile) :

Highest Acquired Academic Qualification :

Work experience in the field of NDE (Methods & No of Months) :

Registering as : ISNT Member Membership No:

: Non Member

: Life Member & Participant

: Life Corporate Member & Participant
Nos of Participant:

Details of Wire transfer / Cheque : Date:

(Kindly confirm the amount before wire transfer) : Transaction ID / Cheque No:

: Originating Bank Name:

: Name of Branch:

: Amount:

Signature of Candidate :

If sponsored by Organisation

Name, Signature and seal of authorised signatory