



SOUTHERN INSPECTION SERVICES

No.2, IInd Floor, Govindaraji Naickar Complex, Janaki Nagar,
Arcot Road, Valasaravakkam, Chennai 600087. Tamilnadu. India.

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Website: www.sisndt.com



Corporate Partner



ISO 9001: 2000

045

Application Form / File No.: _____

Certificate No.: _____

APPLICATION FOR NDT CERTIFICATION

(Please fill the Application form in Capital letters or by Typing)

Name :

Age & Date of Birth :

Permanent Address :

Affix
Passport
Size
Photo
Here

Present Office Address :

Address for correspondence :

Email for Communication :

Phone No. :

I hereby request that I may be permitted to take the examination(s) necessary as part of the requirements for certification in NDT Level I/II in ***Radiography /Ultrasonic/ Magnetic Particle/ Liquid Penetrant Testing / leak testing/ visual testing / eddy current/ infrared & thermography/ Acoustic Emission Testing methods**. I enclose the examination fee of Rs.....(in words).....by Cheque/ D.D.Nodated.....I will abide by the regulations set by the SIS for these examinations

(* Strike out whichever is not applicable)

Place:

Date:

Signature of the Applicant

EDUCATIONAL QUALIFICATIONS**SCHOOL EDUCATION** (Give details of highest examination passed)

S. No.	School	Examination Passed	Year
1.			
2.			

COLLEGE EDUCATION

S. No.	College / University	Course Studied	Exam. Passed	Year
1.				
2.				
3.				

NDT TRAINING COURSES ATTENDED

S. No.	Course	Conducted by	Dates	Duration in Hours
1.				
2.				

Note: Please attach attested certificates Xerox copies for the examination passed/courses attended NDT CERTIFICATIONS OBTAINED

S. No.	Method	Level	Date of Certificate	Issued by
1.				
2.				
3.				
4.				

WORK EXPERIENCE Summary

S. No.	Employers Name and Address	Position	From	To	Duration Year Month	Job description (Specify also the NDT methods used)

Note: Experience may be gained simultaneously in two or more methods of NDT. Applicant must have spent at least 25% of the work time on the method for which examination is being taken.

PRESENT Employment:

Name & Address of the Employer :

Present Position :

Job Description :

NDT Equipment Used :

Nature of Jobs Tested :

I hereby certify that all the facts given with reference to my educational qualifications. NDT courses attended and to my work experience are true to the best of my knowledge and belief and that I have not withheld any information which might be detrimental.

Date:

Signature of the Applicant

It is certified that the information given by the applicant with reference to his present work experience is correct.

Date:

Signature of the Present
Employer with
designation and with Official Seal.

Scope

1) Those certification programmes are run by SIS to evaluate and certify the technical competence of the personnel engaged in Non Destructive Inspection.

2) Education & Experience

Personnel considered for certification shall have sufficient education and experience to ensure understanding of the principle and procedures of those areas NDT methods in which they are being considered for certification. To be considered for certification, as NDT level II a candidate should satisfy the requirements indicated separately for various NDT methods.

3) The examination will consist of general (written), specific (written) and practical.

The general (written) examination will consist of questions related to the basic principles of the applicable method. The specific (written) examination will include the equipment operating procedures, test, techniques and also the coda requirements.

The practical examination will be such that the candidate is to demonstrate his proficiency in performing the applicable non-destructive tests and interpreting and evaluating the results.

4) Re-examination

If applicant fails to pass the examination, he may be re-examined upon the submission of a fresh application with the requisite examination fee, but not before one month of the examination.

5) Additional Information

i) The certificate is issued only as a recognition of the technical competence of the individual and does not bind the SIS for any liability arising out the activities of the certified individuals.

ii) SIS reserves the right to alter the rules and regulations for the examinations in accordance with the improved practice that may be accruing in future.

EYE FITNESS CERTIFICATE

Name of the candidate :
Address :
Date of Birth :
Organization :
Distant Vision : Corrected /Natural
Left eye : Right eye
Near Vision : Corrected /Natural
Left eye : Right eye
Color Vision :

Remarks of the Eye Specialist whether the Candidate meets the requirements of the standards as per ASNT –SNT –TC- 1A Yes/No

Signature of Eye Specialist

Regd. No.

Address

Seal

Place :

Date :

This form is for enrolling on the courses described in the brochure. One completed form is required per course member. Photocopies may be used

METHODS OF PAYMENT

Full payment must accompany this booking form. Bookings received without payment will be treated as provisional, which does not guarantee a place.

Cheque Bank Draft Cash

made payable to **Southern Inspection Services** ., No.2, IInd Floor, Govindaraji Naicker Complex, Janaki Nagar, Valasaravakkam ,Chennai-600087 . India.

Essential Documentation For Examinations

Please tick each applicable box and sign the declaration below.

Please note that your enrolment cannot be processed without the following data:

General documentation required from everyone

- | | |
|---|--------------------------|
| 1. Payment | <input type="checkbox"/> |
| 2. Training record | <input type="checkbox"/> |
| 3. Two passport photos with your name clearly printed on the back(please do not staple to form) | <input type="checkbox"/> |
| 4. Vision Certificate | <input type="checkbox"/> |

I have read the listing and include all the requested information

I understand that any false statement may result in the examination being invalidated

Signature