Cash /Cheque/ DD Provide details

Advance (if any) : \_\_\_\_\_\_

Fees in Rs : : \_\_\_\_\_\_

**Registration For Course Name & Date**

**PROFICIENT NDT**

**Training and** **Consultancy Services**

Reg. No. :

(for office use only)

**Candidate’s Name** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Capital as required on Certificate

|  |  |
| --- | --- |
| **Home Address :**  City State | **Company Name**  **Address:**    City: State |
| Mobile  E-mail: | Tel. :  E-mail: |
| **Bill to be sent to: ( Write Name & Designation of the person )**  Mr./ Mrs. /Ms. :  Detailed Address :  Pin code: State: Contact No. (Tel):  Mobile No. : E-mail : | |

Education : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Experience in Years : \_\_\_\_\_\_\_\_\_

**Signature of the Candidate**

***‘Think Excellence – Think Proficient’***