	<b>Meena International</b> <b>Training and Certification Division</b> <b>Examination Application Form</b>	<b>Form No.</b> 26
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**For Examination Meeting the Requirements of ISO-9712**

1. General Information: -

Full Name: (As given in ID proof submitted)	
Last name / Surname	
Permanent Address:(Including Door No, Street, City, District, Province, State, Country & Post Code)	
Address for Communication: (Address to which all certificate related communication to be sent to) (Including Door No, Street, City, District, Province, State, Country & Post Code)	
Date of birth: (dd/mm/yyyy)	
Contact Number:(With Country and Area Code)	
E-Mail:	
ID Proof Reference: (Type & ID Number)	

2. Employment and Experience Details: -

Employer Name & Address:(Company name, Door No, Street, City, District, Province, State, Country & Post Code)	
Years of Experience:	
Contact Details of Immediate Supervisor for Employment Verification: (To include Name, Designation, Contact Telephone Number & email ID.	

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3. Training Details: -

NDT Method & Level Attempted:		
Name of the Training Provider:		
Training Dates:	From:	To:
Training Hours:	Theory:	Practical:
Examination Date:		
Student Signature & Date:		

4. Employer Attestation of Experience: -

This is to certify that the detail given by Mr. \_\_\_\_\_ is verified by us and have the following records in our files:

1.	Date of Joining:	From:	To:
2.	Designation:		
3.	NDT Methods Assigned:		
4.	Company Name & Address: (Including Telephone No. & E-mail ID)		
5.	Authorised by*: (Name & Signature)		
6.	Company Seal & Date:		

**\*Note: Copies of technical qualification certificate(s) of person attesting shall be submitted with this form.**



**Meena International**  
**Training and Certification Division**  
**Examination Application Form**

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5. Verification of Eligibility Criteria:

Candidate's Name: - \_\_\_\_\_

Unique ID number: - \_\_\_\_\_  
 (If available)

Inspection Method	Inspection Technique	Details of application, standards, procedure, code	Experience gained		Details of Supervisor
			From	To	
					Name of supervisor: Supervisor Designation: Telephone no: Email ID: Signature & Stamp:

**\*Note: - Candidate must meet the requirements of ISO – 9712 / IPC Scheme Examination Eligibility Criteria.**

<b>Application Reviewed for compliance with eligibility criteria for taking the IPC Examination:</b>	<b>Application Approved</b>		<b>Application Rejected</b>	
<b>Reviewed By:</b>	<b>Signature and Date:</b>			
<b>Name:</b>				
<b>Comments:</b> (shall include reason if application is rejected)				