



BETZ ENGINEERING & TECHNOLOGY ZONE
REGISTRATION FORM
NDT LEVEL-II Training & Certification

Name : _____

Father's Name : _____

Date of Birth : _____

BETZ Membership Number : _____ New

Organisation/ Company : _____

Address for Coresspondence : _____

Mobile No. : _____

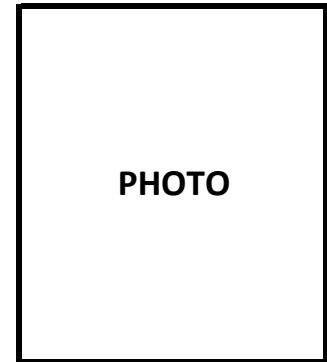
Office Phone No. : _____

E-mail : _____

Have You Trained Certified Inspector by **BETZ**? Yes No

Registartion For: Month _____ Year _____

For BETZ ASNT Level-II Shedule of 2018 Please Refer our Website www.welding-certification.com or [click here>>>](#)



Payment Detail	
Amount	_____
Mode of Payment	Cash <input type="checkbox"/> DD <input type="checkbox"/>
D.D.No	_____
Bank	_____
Date	_____

Note : DD infavour of "BETZ Engineering & Technology Zone", Payable at Chennai.

I request you to kindly register my name for the NDT Training & Certification .

Signature:	_____	Date :	_____
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For Office use:			
Registration Approved By:	Course Material Issued:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date:	Mode of issue:	Hand <input type="checkbox"/>	Courier <input type="checkbox"/> Date: _____