

BETZ ENGINEERING & TECHNOLOGY ZONE

BETZ EDUCATIONAL & RESEARCH DIVISION

21- Dharakeshwari Nagar, 1st Street, Sembakkam,

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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. : _____

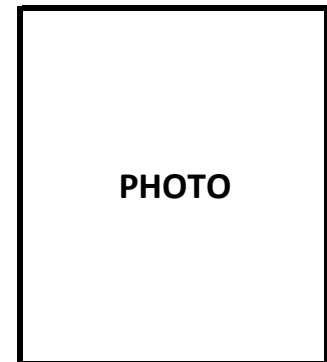
E-mail : _____

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

Registartion For: Month _____ Year _____

For BETZ ASNT Level-II Shedule of 2014 Please Refer our Website www.welding-certification.com

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: _____

Date: _____

Course Material Issued: Yes No

Mode of issue: Hand Courier Date: _____