

TREATS

TESTING RESEARCH ENGINEERING AND TECHNOLOGICAL SERVICES
(TRAINING DIVISION)

14, RAMANATH PAL ROAD. KIDDERPORE. KOLKATA – 700023

TEL – 2459-4142/2459-6344. E-mail: treats_kolkata@yahoo.com/treats@treats.co.in

REGISTRATION FORM

COURSE TITLE:

PERIOD:

NAME OF THE CANDIDATE:

ADDRESS:

PHONE NO. & Email:

PRESENT ORGANISATION:

ADDRESS:

ACADEMIC QUALIFICATION:

TOTAL EXPERIENCE IN NDT:

EXPERIENCE IN THE METHOD APPLIED:

COURSE FEES DETAILS:

CASH/CHEQUE NO: DATED..... ON RS.

DATE:

SIGNATURE:

SPONSORING AUTHORITY WITH SEAL/ CANDIDATE

NOTE: 1. All payments to be made in favor of TREATS by cash / cheque / online

All Training / Certification / Renewals are non-negotiable in all respect.

2. Vision Test Certificate from eye doctor required with seal and registration no.