

# 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](mailto:treats_kolkata@yahoo.com)/[treats@treats.co.in](mailto:treats@treats.co.in)

## RENEWAL APPLICATION FORM

NAME OF THE CANDIDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO: \_\_\_\_\_ Email ID: \_\_\_\_\_

CERTIFICATE NO: \_\_\_\_\_ VALID UP TO: \_\_\_\_\_

PRESENT EMPLOYER DETAILS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS EMPLOYER DETAILS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I hereby declare that all the above given information is true. I accept that the Training / Certification / Renewal is not negotiable in all respect.

DATE:

SIGNATURE OF THE APPLICANT:

**NOTE: Following documents are required: –**

1. Xerox copy of previous certificate.
2. Two copies passport size photograph for each method.
3. Experience certificate from employer.
4. Eye test certificate from registered medical practitioner.
5. Bio Data of applicant.
6. Renewal fees Rs. 1770/- (1500 + 18% GST) for each certificate.
7. All payments to be made in favour of TREATS by cash / cheque / online mode.

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## EXPERIENCE CERTIFICATE

NAME OF THE APPLICANT: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TOTAL PERIOD OF ENGAGEMENT: \_\_\_\_\_

PERIOD OF ENGAGEMENT ON RENEWAL METHOD: \_\_\_\_\_

NATURE OF JOB TESTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REMARKS ON THE APPLICANTS TESTING PERFORMANCE: \_\_\_\_\_

DATE:

SIGNATURE WITH OFFICE SEAL:

NAME:

DESIGNATION:

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## VISION TEST

NAME: \_\_\_\_\_

NEAR VISION: At 30 cm. minimum distance

RE (Corrected/uncorrected): \_\_\_\_\_

LE (Corrected/uncorrected): \_\_\_\_\_

COLOUR VISION: ISHIHARA CHART \_\_\_\_\_

REMARKS: \_\_\_\_\_

DATE:

EXAMINER (Reg. No. & Seal)