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|  <b>BSS NDT</b> NON DESTRUCTIVE TESTING Pvt. Ltd<br><b>NDT TRAINING AND SERVICES</b> | BSS NDT Pvt. Ltd.                                            |                |                          |
|                                                                                                                                                                       | <b>Formal Appeal Form - Personnel Certification Decision</b> |                |                          |
|                                                                                                                                                                       | Form No.<br>F-187E                                           | Revision<br>02 | Issue Date<br>04-08-2026 |

|                                                                                                                                                                                                                                                                                                                                   |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Name of Appellant:                                                                                                                                                                                                                                                                                                                | Date of Appeal:                                             |
| Appellant's Telephone Number:                                                                                                                                                                                                                                                                                                     | Appellant's Email Address:                                  |
| Appellant's Address:                                                                                                                                                                                                                                                                                                              |                                                             |
| If the appeal is being submitted on behalf of an employer or organization, please complete the following section.                                                                                                                                                                                                                 | Appellant's Company / Employer:                             |
| Nature of Business / Organization Activities:                                                                                                                                                                                                                                                                                     | Appellant's Position in Company / Organization:             |
| Name of Individual Affected by the Certification Decision (if different from Appellant):                                                                                                                                                                                                                                          | Certification / Candidate Reference Number (if applicable): |
| Certification decision/activity being appealed:<br><input type="checkbox"/> Application / Eligibility <input type="checkbox"/> Examination Result <input type="checkbox"/> Certification Decision <input type="checkbox"/> Suspension / Withdrawal <input type="checkbox"/> Recertification <input type="checkbox"/> Other: _____ |                                                             |
| Grounds and Details of Appeal:<br>Please clearly state the decision being appealed, the reason for the appeal, relevant dates, and the outcome or reconsideration requested.                                                                                                                                                      |                                                             |
| Supporting Documents / Evidence Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please specify: _____                                                                                                                                                                                               |                                                             |
| Signature of Appellant:                                                                                                                                                                                                                                                                                                           | Date:                                                       |

**FOR BSS NDT USE ONLY**

|                       |                                           |                                                                                                             |
|-----------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Appeal Reference No.: | Date Received:                            | Received By:                                                                                                |
| Acknowledgement Date: | Assigned to Appeals Committee / Reviewer: | Status: <input type="checkbox"/> Open <input type="checkbox"/> Under Review <input type="checkbox"/> Closed |

Appeals shall be submitted in writing to BSS NDT Pvt. Ltd. at [info@bssndt.com](mailto:info@bssndt.com). Appeals will be handled in accordance with the BSS NDT Complaints and Appeals Procedure. Submission of an appeal shall not result in any discriminatory action against the appellant.