BSS N.D.T. Pvt. Ltd. NDT TRAINING AND SERVICES	BSS NDT Pvt. Ltd. **APPLICATION FOR INITIAL EXAMINATION**		
	Form No. **F-177**	**Revision** **02**	**Issue Date** **04-08-2026**

Applicants seeking initial certification in an approved NDT method shall complete this application form and submit it together with all required supporting documents before examination registration.

INFORMATION TO BE PROVIDED BY CANDIDATE (PART1-10)

PART 1. PERSONAL INFORMATION OF CANDIDATE

First Name:	
Last Name:	
Date of Birth	
Candidate ID number: (Applicable to Existing Certificate Holders Only)	
Permanent Residential Address: This address will appear on the certificate. (including postal code)	
Address for Dispatch of the Certificate (including postal code)	
Tick (✓) this box to confirm authorization for dispatch of the certificate to the address specified above	
Telephone number:	
E-mail address:	
Passport or other Identity proof details:	
It may be possible to make provision in qualification examinations for disabled candidates. If you are disabled, please bring this fact to the attention of the examining body.	

PART 2. PRESENT EMPLOYMENT INFORMATION

Employer's name and address (including postal code):	
Employer's Telephone:	
Employer's e-mail:	
Candidate's position in the organization:	
Employment status (employed or self-employed):	
Details of the sponsor (if any):	

PART 3. INDUSTRIAL EXPERIENCE PRIOR TO CERTIFICATION

Experience is not an essential pre-requisite for examination. However, if such evidence is available at the time of examination, it shall be provided direct to the CB.

Experience satisfying the requirements detailed in the Personnel Certification Manual PCM-01 may be gained following examination

Duration of NDT Experience Gained Under Qualified Supervision *(Please specify the total number of working days of experience obtained under the supervision of qualified personnel.)*	
Details of the Person Authorized to Verify the Declared Experience *(Provide the name, organization, postal address, telephone number, and/or e-mail address of the person who can verify the practical experience declared in this application.)*	

PART 4. PRE-CERTIFICATION TRAINING

Submit a copy of the approved training certificate or provide the details of the training programme completed.

Name and address of training organization and title/reference of relevant training course:	
Dates of course (from/to):	

PART 5. EXAMINATION REQUEST

Products or industry sector in which certification is sought: Castings (c), Welds (w) , Forging (f) , Tubes and Pipes (t) , Wrought products (wp) except forging, pre & in-service inspection:												
NDT Method Requested *(Select (✓) the applicable NDT method.)*	RT	UT	MT	PT	BRS	ET	RI	PAUT	TOFD	PAUT DATA-INTRPRETATION	TOFD DATA-INTERPRETAION	
Select (✓) the certification level requested: N.B:- RI is level 2	1	2	3	**For Level 3 applicants, select the examination component(s):**		Basic Examination		Main method Examination				
Preferred examination date and venue:												

PART 6. RECORD OF PRE-CERTIFICATION EMPLOYMENT

Employing organization	Date from/to	Telephone number or e-mail address

PART 7. RECORD OF INDUSTRIAL EXPERIENCE PRIOR TO CERTIFICATION

NDT Method	NDT Technique	Details of application, procedure, code or standard	Experience gained		Signature, name and contact e-mail or telephone number of authorized person (Note: Level 2 or Level 3 can sign)
			from	to	
					Name of the supervisor: Designation: Telephone No.: Email ID: Signature of the supervisor:
					Name of the supervisor: Designation: Telephone No.: Email ID: Signature of the supervisor:
					Name of the supervisor: Designation: Telephone No.: Email ID: Signature of the supervisor:
					Name of the supervisor: Designation: Telephone No.: Email ID: Signature of the supervisor:

PART 8. PAYMENT

Invoice Recipient Details (To be completed only if different from the candidate, should include name, address, telephone number, and E-mail address).

PART 9. APPLICANT DECLARATION CONFIRMING ELIGIBILITY FOR EXAMINATION

Candidate's full name:	
Candidate ID number: (Applicable to Existing Certificate Holders Only)	

I confirm that I have read and understood the requirements of PCM-01 – Personnel Certification Manual and declare that I meet the eligibility requirements for the certification level and NDT method applied for.
I certify that the information provided in this application is true and complete. I understand that any false or misleading information may result in the rejection of my application or cancellation of any certification granted.
If certified, I agree to comply with the Code of Ethics (F-171) and the applicable certification requirements of BSS NDT Pvt Ltd.

I also consent to BSS NDT Pvt. Ltd. collecting and using my personal information for certification and administrative purposes, including relevant communications regarding certification activities and services.

Signature:		Date:	

*To opt out of receiving promotional or informational mailings from the BSS NDT Pvt. Ltd., tick the box [ ].
Requests for access to personal data held by BSS NDT Pvt. Ltd. may be submitted, subject to payment of the applicable access fee.

PART 10. EMPLOYER CONFIRMATION
(by the employer or, if the candidate is self-employed, a referee).
I confirm that the information provided by the applicant in this application, relating to employment and experience, is true and accurate to the best of my knowledge at the time of signing.

Name:		E-mail	
Position:		Company:	
Telephone:		Signature:	

PART 11. FOR CB USE ONLY

Application Reviewed for Compliance with the ISO 9712 Eligibility Requirements			
Application Approved		Reason for Rejection:	
Application Rejected		Candidate ID Number (Allotted):	
Date		Candidate Certificate Number (allotted)	
Reviewed By:		Signature:	