



**NATIONAL CERTIFICATION BOARD**  
**INDIAN SOCIETY FOR NONDESTRUCTIVE TESTING**  
 Module No.60 & 61, Readymade Garment complex,  
 3<sup>rd</sup> Floor, SIDCO Industrial Estate, Guindy, Chennai – 600 032  
 Phone: 044 - 22500412 / 42038175,  
 Email: [ncb@isnt.in](mailto:ncb@isnt.in) / [ncbisnt@gmail.com](mailto:ncbisnt@gmail.com)  
 Website: [www.isnt.in](http://www.isnt.in)



**Application for Recertification NDT Level – I / II Certificate**

**RE-CERTIFICATION APPLICATION AFTER TEN YEARS FROM THE DATE OF INITIAL CERTIFICATION**

NCB ID, if allotted earlier :

Unique ID (Aadhar/PAN/Driving License/Passport)

Name in Full (Capital) :

Permanent Address :

Office Add: / Address Correspondence: Office/Res.

Affix  
Passport  
Size  
Photo  
here

Phone No:

Email Id:

Phone No:

Email Id:

Revalidation sought for

NDT method:

(Strike out rest)

<input type="checkbox"/> ET	<input type="checkbox"/> LT	<input type="checkbox"/> MT	<input type="checkbox"/> PT	<input type="checkbox"/> RT	<input type="checkbox"/> TT	<input type="checkbox"/> UT	<input type="checkbox"/> VT
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LEVEL	<input type="checkbox"/> I	<input type="checkbox"/> II
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Sectors :

Details to be filled for Recertification	
Initial Certification Date :	
First Revalidation Date :	
Second Revalidation by undergoing Practical Exams Send request between Six to Two months before expiry date.	
Rs. _____ plus 18% Tax per method.	

TECHNIQUE / LIMITED SCOPE	SECTORS
** TOTAL Fees Payable Rs.	

ISNT Fee Remittance in India	
Name of the Bank	Branch Name & Address
State Bank of India	Guindy Branch, No- 66, G.S.T. Road, Industrial Estate, Guindy, Chennai -32
Account Name/Beneficiary Name	NCB ISNT
Current Account No:	36173111208
MICR Code:	600002072
IFSC Code:	SBIN0000956

I have enclosed my \_\_\_\_\_ certificates in original methods. I hereby request that my certificate to be revalidated. I enclose fee of Rs.....(in words) .....

By Cash  Cheque  Demand Draft No  .....Dated.....

\* List of Enclosures :

- |  |                                    |
|--|------------------------------------|
| 1. Educational Qualification Certificate       | 2. Experience Certificate          |
| 3. Copy of ISNT Level I, II & III Certificates | 4. Two Passport size colour photos |

**I will abide by the Rules, Regulations, Code of Ethics set by NCB-ISNT**

*Note: Code of Ethics to be filled and signed. (Annexure I - For Level – I) (Annexure II - For Level – II)*

Place:

Date:

Signature of the Applicant

**EDUCATIONAL QUALIFICATIONS**

(Highest qualification may please be provided)

Sl. No.	Education Institute / College			University/ Board	Qualification Certificate No.
	X Std	Diploma	Degree		

**WORK EXPERIENCE & POSITION**

(A brief NDT experience report may be enclosed)

Sl. No.	Employers' Name and Address	Position	From	To	Duration		Total in Days	Job Description (Specify also the NDT methods used)
					Year	Month		

*Note:* Experience may be gained simultaneously in two or more methods of NDT. Applicant must have spent at least 25% of the work time on the method for which examination is being taken.

**Details of NDT Certificates held:**

Sr. No.	NDT Method	Level	Certification Standard (IS 13805/SNT-TC-1A/ Other)	Initial Certification Date	1 <sup>st</sup> Revalidation Date	Date of expiry

I hereby certify that the details given above are true to the best of my knowledge. I understand that if any of the above information is found to be in-correct, NCB holds all the rights to withdraw or suspend the certificate that will be awarded to me on successful completion of the examination and other requirements.

Date: \_\_\_\_\_ Signature of the Applicant

**Present Employer Certification:**

**It is certified that the information given by the applicant in this application with reference to his present work assignment and experience is correct.** I understand that if any of the above information is found to be in-correct, NCB holds all the rights to withdraw or suspend the certificate that will be awarded to the candidate on successful completion of the examination and other requirements

<b>Authorised Signatory Name (Capital)</b>		<b>Organization Seal (Compulsory)</b>
<b>Signature</b>		
<b>Title / Position</b>		
		<b>Date:</b>



**INDIAN SOCIETY FOR NON – DESTRUCTIVE TESTING  
NATIONAL CERTIFICATION BOARD  
EYE EXAMINATION REPORT - NDT PERSONNEL**



Three vision assessments may be required: Near Vision, Distance Vision (visual testing method only) and Colour Vision (initial certification only). This form must be completed and returned to the NDT Certifying Agency when applying for examination in any NDT method, renewal of certification or recertification.

**CANDIDATE'S NAME:** \_\_\_\_\_

**Near Vision and Distance Vision – to be completed by medically recognized personnel (ophthalmologist, optometrist)**

**Near vision acuity:** shall permit reading T Roman N4.5 (Jaeger number 1) or equivalent at not less than 30 cm with one or both eye corrected or uncorrected.

**I CONFIRM THAT THE CANDIDATE:** (Please tick; one)

Meets the requirement without correction	( ) ( ) with one Eye or both Eyes
Meets the requirement with correction	( ) ( ) with one Eye or both Eyes
Does not meet the requirement	

**Distance vision acuity: (required only for the letters visual testing method)** shall equal Snellens, either Fraction 20/30 or better in at least one eye, either corrected or uncorrected

**I CONFIRM THAT THE CANDIDATE:** (Please tick; one)

Meets the requirement without correction	( ) ( ) with one Eye or both Eyes
Meets the requirement with correction	( ) ( ) with one Eye or both Eyes
Does not meet the requirement	

\_\_\_\_\_  
Name of the Eye Specialist (Please Print/Type)

\_\_\_\_\_  
Signature of the Eye Specialist

\_\_\_\_\_  
Appointment/Title

\_\_\_\_\_  
Date of Eye Examination

\_\_\_\_\_  
Regd. No / Seal

**Colour Vision including shades of Grey for RT (required only for initial certification, not for renewal or recertification) - to be completed by medically recognized personnel or the employer or certified level 3 NDT personnel.**

NOTE: A candidate who passes an Ishihara test (short or long) is acceptable. As an alternative or in case of a failure of an Ishihara test, the employer or Level 3 NDT personnel may administer a performance test to confirm if the candidate can see flaw indications that are typical of the method. Example: In liquid penetrant, confirm that the candidate can see red indications on a white background and fluorescent-green indications on a variety of backgrounds.

I CONFIRM THAT THE CANDIDATE CAN DISTINGUISH CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED AS SPECIFIED BY THE EMPLOYER (OR PASSED AN ISHIHARA TEST).

\_\_\_\_\_  
Examiner's Name (Please Print/Type)

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Appointment/Title

\_\_\_\_\_  
Date of Eye Examination

CODE OF ETHICS FOR LEVEL – I PERSONNEL

1. **Responsibility:** I will perform the Non Destructive Testing according to the written instructions from Level II / III personnel and by the method in which I am qualified.
2. **Honesty:** I will conduct Non Destructive Testing in an impartial manner and report the findings and results accurately providing the details of the tests conducted and the procedures followed.
3. **Safety:** I will conduct Non Destructive Testing in a safe manner, making certain that all the required and necessary safety procedures are being followed
4. **Non Compliance:** I agree that NCB can initiate disciplinary action against me if I do not follow the code of ethics. I also agree that NCB can withdraw/suspend/cancel the certificate awarded to me if I do not follow the code of ethics.
5. **National Certification Board** requires that a certified person signs an agreement for the following reasons:
  - a) to comply with the relevant provisions of the certification scheme;
  - b) to make claims regarding certification only with respect to the scope for which certification has been granted;
  - c) not to use the certification in such a manner as to bring the **National Certification Board** into disrepute, and not to make any statement regarding the certification which the certification body considers misleading or unauthorized;
  - d) to discontinue the use of all claims to certification that contains any reference to the **National Certification Board** or certification upon suspension or withdrawal of certification, and to return any certificates issued by the **National Certification Board**;
  - e) not to use the certificate in a misleading manner.
6. "I will not use the logos of ISNT, NCB and ICN in any of my personal communications or other documents without the explicit permission of NCB-ISNT"
7. I shall, without delay, inform NCB any matter that can affect my capability to continue to fulfill certification requirements.
8. **Disclosure of information :**  
The Candidate's information related to his/her certification activities obtained during certification process will be disclosed where statutory/law requires such information.
9. **Non-Disclosure Agreement :**
  - (i) Do not ask the Monitor/Examiner or any of your fellow colleagues for any clarifications.
  - (ii) Candidate should not disclose any of the questions from the given exam paper.

*Note: Code of Ethics to be filled and signed.*

I will abide by the Rules, Regulations, Code of Ethics set by NCB-ISNT

Name: \_\_\_\_\_

Signature of the Applicant

Place:

Date

CODE OF ETHICS FOR LEVEL –II PERSONNEL

1. **Responsibility:** I will perform and direct Non Destructive Testing according to established or recognized techniques, by the method in which I am qualified.
2. **Honesty:** I will conduct non-destructive testing and evaluation sincerely in an impartial manner and report the findings and results accurately providing the details of the tests conducted and the procedures followed.
3. **Conflict of Interest:** I will be alert to the circumstances that can lead to difference of opinions between the employer & client and will not get involved in such differences.
4. **Improper deeds:** I will avoid performing any other NDT activity except in the area for which I am qualified.
5. **Safety:** I will conduct non-destructive testing in safe manner making certain that all the required and necessary safety procedures are being followed. I will ensure that others who are under my direct supervision observe the safety rules and regulations.
6. **Non Compliance:** I agree that NCB can initiate disciplinary action against me if I do not follow the code of ethics. I also agree that NCB can withdraw/suspend/cancel the certificate awarded to me if I do not follow the code of ethics.
7. **National Certification Board** requires that a certified person signs an agreement for the following reasons:
  - a) to comply with the relevant provisions of the certification scheme;
  - b) to make claims regarding certification only with respect to the scope for which certification has been granted;
  - c) not to use the certification in such a manner as to bring the **National Certification Board** into disrepute, and not to make any statement regarding the certification which the certification body considers misleading or unauthorized;
  - d) to discontinue the use of all claims to certification that contains any reference to the **National Certification Board** or certification upon suspension or withdrawal of certification, and to return any certificates issued by the **National Certification Board**;
  - e) not to use the certificate in a misleading manner.
8. I will not use the logos of ISNT, NCB and ICN in any of my personal communications or other documents without the explicit permission of NCB-ISNT
9. I shall, without delay, inform NCB any matter that can affect my capability to continue to fulfill certification requirements.
10. **Disclosure of information :**

The Candidate's information related to his/her certification activities obtained during certification process will be disclosed where statutory/law requires such information.
11. **Non-Disclosure Agreement :**
  - (i) Do not ask the Monitor/Examiner or any of your fellow colleagues for any clarifications.
  - (ii) Candidate should not disclose any of the questions from the given exam paper.

I will abide by the Rules, Regulations, Code of Ethics set by NCB-ISNT

Name: \_\_\_\_\_  
Place:  
Date :

Signature of the Applicant