

Candidate Code - _____

Invoice Number : _____



PRARTHANA TECHNICAL SERVICE PRIVATE LIMITED

(FORM TO BE FILLED IN CAPITAL LETTERS)

ENROLLMENT FORM

Course Name : _____ dated from _____ to _____

Candidate's Name : _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Is your course Company Sponsored or Self Sponsored? _____

If Company Sponsored, please fill up below information:

Company Name : _____

Company Address : _____

Company E-Mail : _____

Person to whom invoice should be addressed : _____

Personal Address : _____

Personal E-Mail : _____

Required Name as on Certificate

1) Self Name :

Mr/Ms/Mrs/Smt _____

2) Company : _____

(Off) Tel. _____ Fax No. _____ (Resi)Tel. _____ (Mobile) _____

A. Educational Qualification : _____

(Attach copy of necessary certificates)

B. Experience : _____

(In the NDT Technique applied for.)

(Attach document from employer as per eligibility requirements.)

C. Payment Details : _____

Cheque / Demand Draft No: _____ dt _____

Signature of Candidate

Seal & Signature of Employer

Note :

- ✧ The Payment shall be made by CASH / Cheque payable to 'prarthana technical services private limited. Outstation cheques should include Rs.100/- as additional clearing charges.
- ✧ Please send Qualification, Experience Certificates and two passport size photographs along with Enrollment Form.
- ✧ The Eye Test will be conducted on the first day of the course. Only those candidates meeting the requirements can appear for certification exam.