



National Certification Board

ICN Level – III Certification Application



ID No: _____

 Personal Data Mail certification information to : Home Work

Name.....

Home – Address :

..... Pin -

Phone : Email id -

Work – Address :

..... Pin.....

Ph: Mobile - Email id-

 Paste your recent
colour photo here and
attach one with the
application form.

Examination Scheduling: Methods for which appearing (Tick (✓) the choice/s)

This application is valid only for NCB Examinations held by Indian Society for Non-Destructive Testing (ISNT). Use the tables below to designate the examinations you would like to take. **Note:** This application is valid for initial certification.

METHOD	COURSE FEE	EXAM FEE	FEES FOR SPECIFIC		PRACTICAL FEE	TOTAL FEES
BASIC	<input type="checkbox"/> Rs.	<input type="checkbox"/> Rs.	Not Applicable	Not Applicable	Not Applicable	
RADIOGRAPHY TESTING	<input type="checkbox"/> Rs.	<input type="checkbox"/> Rs.	<input type="checkbox"/> Weld Rs.	<input type="checkbox"/> Cast Rs.	<input type="checkbox"/> Rs.	
ULTRASONIC TESTING	<input type="checkbox"/> Rs.	<input type="checkbox"/> Rs.	<input type="checkbox"/> Weld Rs.	<input type="checkbox"/> Cast Rs.	<input type="checkbox"/> Rs.	
MAGNETIC PARTICLE TESTING	<input type="checkbox"/> Rs.	<input type="checkbox"/> Rs.	<input type="checkbox"/> Weld Rs.	<input type="checkbox"/> Cast Rs.	<input type="checkbox"/> Rs.	
LIQUID PENETRANT TESTING	<input type="checkbox"/> Rs.	<input type="checkbox"/> Rs.	<input type="checkbox"/> Weld Rs.	<input type="checkbox"/> Cast Rs.	<input type="checkbox"/> Rs.	
VISUAL TESTING	<input type="checkbox"/> Rs.	<input type="checkbox"/> Rs.	<input type="checkbox"/> Weld Rs.	<input type="checkbox"/> Cast Rs.	<input type="checkbox"/> Rs.	
** TOTAL Fees Payable Rs.						

Fees mentioned in the above table are inclusive of GST @ 18 %.

NOTE: Organisations /Individuals nominating candidates for ISNT L-III Course/exam are requested to forward us the GST / Unique Identity Number of the Org. for preparing Tax Invoice.

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:	
MICR Code:	
IFSC Code:	

PAYMENT DETAILS	
FUND TRANSFER	Transaction ID Bank Name :
DEMAND DRAFT	DD. No. Dt. Bank Name :

* Details of Training (for the methods applied for the exam):

Sl. No.	Method	From	To	Training Hours
1				
2				

Personal Record:

1. Educational /Professional Qualification (Highest qualification may please be provided)

Sl. No.	Education Institute / College			University/ Board	Year / % Marks
	X Std	Diploma	Degree		

2. Work Experience & Position

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

3. Minimum Experience Requirements – Level -III

Minimum Experience Requirements —Level III

- 1) If the individual is being qualified directly to level III, with no time at level I/II, the experience shall consist of the sum of the times required for level I, II and level III.
- 2) Experience duration may be reduced by up to 50 percent but shall not be less than one month when the certification sought is limited in application (for example, automated testing).
- 3) Credit for work experience may be gained simultaneously in two or more of the NDT methods covered by this standard, with the reduction of total required experience as follows: Two testing methods — reduction of total required time by 25 percent. Three testing methods — reduction of total required time by 33 percent. Four or more testing methods — reduction of total required time by 50 percent. In all cases the candidate shall be required to show that, for each of the testing methods for which he seeks certification, he has at least half of the time required.
- 4)The maximum possible reduction in duration of experience shall be limited to 50 percent. 6) Minimum educational qualification is X standard (with Science and Maths)

4. Experience in NDT (Attach reference letter from employer)#

Organisation (with address)	Designation	Period	Nature of Work

attach additional sheets if necessary

5. Results of previous NDT examination(s) passed/appeared (ISNT Certificates)

Method	Level	Cert. Number	Year of passing	Validity of the certificate

I hereby certify that the above information is correct in all respects.

By Signature to this application I agree to abide by the code of ethics of the Indian Society for Non-Destructive Testing.

I understand that the certificate if granted on successful completion of the examination is valid only for five years.

I understand that the certificate may be suspended or revoked by the Indian Society for Non-Destructive Testing in case it is abused.

I understand that the certificate is not a license in any form.

I undertake to abide the decision of the Indian Society for Non-Destructive Testing in all matters connected with certificate and the decision of the Society in this respect will be final.

Having applied for certification as NDT Level-III, the undersigned does hereby and forever discharge the Indian Society for Non-Destructive Testing from any and all liabilities, claims, demands etc. which may arise on account of the undersigned's working as NDT Level-III.

Witness: Signature of Applicant.....

Signed in my presence Name.....

Name Place.....

Address Date.....

Previous Employment Experience :			
Name	Organization Name / Address	Organisation Phone	Email
Position #Dates of Employment	Start Date	End Date	Total Time (Months)
Write # of months performing work experience with Level II qualifications by method as related to above employer.			
RT ____ # of months	PT ____ # of months	UT ____ # of months	MT ____ # of months
VT ____ # of months	LT ____ # of months	ET ____ # of months	
Note : 1. Reference letter(s) from the employer should give the details about the level of responsibilities, years of experience and type of jobs carried out in each method. It should be on the company letter head, clearly indicating the name and designation of the official issuing the letter. 2. If the applicant has changed the employment in the last five years, separate letters are required from each employer. 3. In case of self-employed applicant, reference letter may be obtained from two or more of his clients. These letters should clearly bring out details about applicant's experience, level of responsibility and type of jobs carried out in each of the methods during the last five years 4. If needed, photocopied application form can be used.			

6. Special Needs:
 Physical Disability (If any)- _____ (Physician Certificate to be produced).

List of Enclosures: (Mandatory)

1. DD (in favour of "NCB-ISNT" payable at "Chennai") (or) Proof of fund transfer
2. Resume of NDT activities signed by the applicant.
3. Reference letter(s)
4. Photocopy of degree/diploma certificate.
5. Photocopies of NDT examinations passed.
6. Photocopies of the ISNT L –III certificates (applicable for a level –III holder)
7. An additional copy of photograph (put in a cover and staple the cover to the application. Do not staple/pin directly)
8. Medical certificate for eyesight (natural or corrected) and colour vision.
9. * Certificate of Attendance for Course
10. Physician Certificate for physical disability if any.



**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



**NATIONAL CERTIFICATION BOARD
INDIAN SOCIETY FOR NON-DESTRUCTIVE TESTING**



**Experience Certificate for
ISNT Training & Certification Courses**

This form duly filled with all requested details needs to be attached to the main application form for attending any ISNT Certification Course

Name of the Candidate	
Address	
Telephone / Email	
NDT Method and level to which certification is sought	
Previous NDT certification Method and level Certification Standard Certification Body Certificate No. Date of Expiry	
Pre certification experience With present employer	----- Months
With previous employer(s)	----- Months
Name of the present employer with address	
Details of all previous employment (upto last 5 years)	Attach separate sheets if required
Name, designation and contact details of your supervisor at current location of employment	Telephone Email
Nature of NDT activity involved in (Check all that apply)	<input type="checkbox"/> Performing NDT in field/shop <input type="checkbox"/> Supervising NDT <input type="checkbox"/> Review of NDT Procedures <input type="checkbox"/> Approval of NDT Procedures <input type="checkbox"/> R&D in NDT <input type="checkbox"/> Providing training in NDT <input type="checkbox"/> Any other (Please specify in a separate sheet)

Please fill the details about your Practical Experience in NDT technique for which Certification is sought in Table 1

Table 1: Details of Pre-Certification Practical Experience

Name of the candidate:

NDT method and Level for which Certification is sought:

Work Description	Products/Parts Tested	Method of Test (Codes & Standards)	Techniques / Equipment Used	Hours

Dates from _____ **to** _____ **TOTAL TIME** _____

I, Mr./Ms. _____ hereby declare that the information given above regarding my experience in NDT technique is completely true. I fully understand that if any of the above information is found in-correct, the certification that will be awarded to me as a result of examination will be null and void.

Date & Place

Signature of the Candidate

Employer's Statement:

The information given by Mr./Ms. _____, who is currently employed with me/us is true to the best of my knowledge. I fully understand that if any of the above information is found in-correct, the certification that will be awarded to the candidate as a result of the examination will be null and void.

Signature with Date:

Name:

Designation :

Organization :

Contact Details (Phone /Email ID) :

CODE OF ETHICS FOR LEVEL III PERSONNEL**1. Purpose**

The essential character of Non Destructive Testing and evaluation is to certify a product or a structure that it is conforming to the designer's requirements. The responsibility on the part of the personnel issuing such a certificate is immense and hence this pledge.

2. Responsibility

- 2.1 To direct NDT operations through established techniques, honestly, sincerely and impartially by the method in which he / she is qualified.
- 2.2 To safeguard the environment, safety and general well being of the public in the discharge of his / her professional duties. Whenever and wherever he / she finds deficiencies, which are likely to impair the safety, health and welfare of the public he / she shall bring these cases to the notice of the appropriate authority.
- 2.3 Not accept responsibility for the design or their report or statement involved and if the situation warrants, disassociate his / her involvement with the situation.
- 2.4 Accept duties only in the technical fields wherein he / she possess adequate knowledge by training and experience.
- 2.5 To be unbiased and unambiguous in reporting, stating or giving testimony, by taking care to exclude situations that can give rise to scope for misinterpretation.
- 2.6 To express an opinion as a technical witness before any court, commission or tribunal only when such opinion is founded upon adequate knowledge of the facts in issue, upon a background of technical competence in the subject matter and upon honest conviction of the accuracy and propriety of the testimony.

3. Code of Ethics

- 3.1 When employed by a client, he / she shall not undertake to subcontract the work to another company in which he / she has business interest.
- 3.2 Shall present to the prospective employer details about him / her in a factual manner without exaggeration and seek employment based only on the qualification and experience.
- 3.3 Shall not have business relationship with those who practice fraudulent methods.
- 3.4 Withdrawal of certificate by any other professional body, of which he/ she is a member, will be a ground for disciplinary action.

4. Non compliance

Non compliance of this code of ethics by any ISNT Level III certificate holder will lead to disciplinary action against him / her and may lead to withdrawal of the certificate by NCB.

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

SAMPLE TABLE

Table 1: Details of Pre-Certification Practical Experience

Name of the candidate: XYZ

NDT method and Level for which Certification is sought: UT, Level II

Work Description	Products/Parts Tested (Eg. H.P. Rotor)	Method of Test (Codes & Std's)	Techniques / Equipment Used	Hours
			UT Tandem	
Data Acquisition	Shaft	UT Angle beam	Pulse-echo	60
	Valves	SA 577, SA 578		
	welding			
	Plate testing	Lamination check		
Data evaluation	Castings	Normal beam		120
			UT Pulse-echo contact	

Dates from June 2018 to December 2018

TOTAL TIME 180 hrs