

APPLICATION FOR **RE-EXAMINATION** ON RADIOGRAPHY TESTING LEVEL – 2
(Please fill the application form in duplicate)

1. Name in capital letters:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

पूरा नाम (देवनागरी में)

Affix your latest colored photograph 4 x 3.5 cms

2. Date of Birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sex (M/F)

Specimen
Signature of
the candidate →

**3. Address for Communication in capital letters
(Sponsoring authority)**

<input type="text"/>	
<input type="text"/>	
State	Pin No.
Tel No.	Fax No.

4. Permanent Address:

<input type="text"/>	
<input type="text"/>	
State	Pin No.
Tel:	Mobile No:

Email address:

4. Details of the RT-2 Course attended:

(Please attach copy of mark lists of the RT-2 examination appeared)

Sr. No	Course No	Institute in which RT-2 course appeared	Duration of the course	Composite % of marks obtained
1				

5. Details of all the past re - examination appeared:

(Attach copies of mark lists of all the RT-2 re-examinations appeared)

Sr. No	Course No	Institute in which re-examination appeared	Date of re-examination	Composite % of marks obtained
1				
2				
3				

6. Sponsoring authority (Mark ' X ' in the applicable box)

Self	<input type="checkbox"/>	Private	<input type="checkbox"/>	Govt. Organisation	<input type="checkbox"/>	Govt. Undertaking	<input type="checkbox"/>
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7. Demand Draft Details:

DD. No.	Date	Bank	Branch	Amount Rs.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Passport/Aadhar/PAN No.

Eye Sight: LEFT

RIGHT

It is certified that all the information regarding Shri.....are correct, and any wrong information is likely to dishonor the site-in-charge certificate.

Signature of the Candidate

Date:

Signature of the Sponsoring
Authority with Date and Seal

Attachments: (1) Copy of old Mark sheets of RT L-2 Exams (2) Copy of Demand Draft (3) Photo Passport size- 2 numbers