BHABHA ATOMIC RESEARCH CENTRE
INDUSTRIAL TOMOGRAPHY & INSTRUMENTATION SECTION
MUMBAI - 400085

Course No. ____

APPLICATION FOR *RE-EXAMINATION* ON RADIOGRAPHY TESTING LEVEL – 2

(Please fill the application form in duplicate)

1. Name in capital letters:

Affix your latest colored photograph 4 x 3.5 cms

पूरा नाम (देवनागरी में)

2. Date of Birth (dd/mm/yyyy) Sex (M/F)

Specimen Signature of the candidate →

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

4. Permanent Address:

State Pin No.	State Pin No.
Tel No. Fax 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		Private		Govt. Organisation		Govt. Undertaking	

7. Demand Draft Details:

DD. No.	Date	Bank	Branch	Amount Rs.

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 previous Certificate of Participation (RT-L2) **(2)** Copy of Demand Draft **(3)** Photo Passport size- 2 nos.