



**FIFTH EXAMINATION FOR RECOGNITION OF COMPETENT PERSONS  
FOR  
INSPECTION & CERTIFICATION OF BOILERS - 2018**

**APPLICATION FORM**

(TO BE FILLED BY CANDIDATES IN CAPITALS)

**1. Name of the Applicant :**

First Name	Middle Name	Surname
<input type="text"/>		

Photograph

**2. Father's Name :**

**3. Present Address:**

**4. Permanent Address:**

City: Pincode : State:	City: Pincode : State:
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DD

MM

yyyy

**5. Date of Birth:**

Date:	Month:	Year:
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**6. Nationality :**

**7. Sex: (Tick '√')**

Male

Female

Transgender

**8. Telephone Nos.**

Office:	Residence:
Fax:	Mobile:
E-Mail:	

**9. Category:**

(Tick '√' appropriate box)

<input type="checkbox"/> General	<input type="checkbox"/> SC	<input type="checkbox"/> ST
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**10. Name of the Present /  
Last Employer**

**Designation:**

**Address:**

City:	Pincode:
State:	

**11. Total Work Experience:Years**

**Months**

**Days**

**as on 25.10.2018**

**12. Examination Centre:**

First Choice

Second Choice

Third Choice

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**13. Educational Qualification:**

S.No.	Name of the Degree & Branch	Month & Year of Passing	Board/University

**14. NDT Certification ( Only UT & RT )**

S.No.	Level of Certification	Year of Certification	Valid upto	Name of the Certifying Agency

**15. Experience: (Training Period should not be included) \***

S.No.	Name of the Employer	Designation	Period		Duration (Yrs.)	Nature of work
			From	To		

\* Use additional sheets if required.

**16. Whether disqualified/debarred from appearing in any earlier examination for Competent Persons (if yes, details thereof)**

**17. DD No.**

**OR NEFT Reference No./UTR No.**


Date:

Amount:

Bank Name

Branch:

**18. Declaration by the candidate:**

I hereby declare that all the information given in the application form and enclosures are true to the best of my knowledge and belief. I agree to the condition that if any information or any statement is found to be incorrect, my registration to the examination and subsequent issue of passing grade certificate and authorisation

card would be cancelled. I also understand that it is my responsibility to cross check information from the websites as prescribed in the prospectus from time to time for the allotted examination centre and issue of hall ticket. I shall inform about change in my e-mail ID, mailing address, telephone number, etc. if any to NPC, Chennai. I shall also abide by decisions taken by Central boilers board examination standing committee from time to time.

**Place:**

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**Date:**

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**Signature of Candidate**

**List of Self-attested enclosures to be attached with the application  
(tick the appropriate box)**

- |   |   |                          |
|---|---|--------------------------|
| 1 | Proof of Age  | <input type="checkbox"/> |
| 2 | Proof of Educational Qualification  | <input type="checkbox"/> |
| 3 | Copy of the valid Level II NDT Certification (Only UT & RT)   | <input type="checkbox"/> |
| 4 | Proof of Work Experience  | <input type="checkbox"/> |
| 5 | Copy of SC/ST Certificate (if applicable)<br>as per Gol format  | <input type="checkbox"/> |
| 6 | Demand Draft  | <input type="checkbox"/> |
| 7 | Hall Ticket & Exam centre check form with photographs   | <input type="checkbox"/> |
| 8 | Self addressed cover (24 cm x10cm) with duly affixed<br>Indian postal stamp of Rs.40/- With Applicants address in "TO" column | <input type="checkbox"/> |

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**HALL TICKET**

Registration No. \_\_\_\_\_ Exam Centre: \_\_\_\_\_

Name of the candidate: \_\_\_\_\_

Please affix a passport  
size photograph

Venue: (for official use)

Schedule of Examination

Paper I	16/12/2018	0930 to 1230 Hrs.
Paper II	16/12/2018	1400 to 1700 Hrs.

Contact Address of the Candidate:

Contact Telephone No. :

Signature of the Candidate \_\_\_\_\_

Controller of Examination

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**EXAMINATION CENTRE CHECK FORM**

Registration No. \_\_\_\_\_ Exam Centre: \_\_\_\_\_

Name of the candidate: \_\_\_\_\_

Signature of the candidate: \_\_\_\_\_

Please affix a passport  
size photograph