



## **COURSES ON NON- DESTRUCTIVE TESTING**

( A INITIATIVE OF TMC INSTITUTE OF LEARNING, KOLKATA )

**REGISTRATION FORM** 

| Name (In block letters)                      |           |
|--|-----------|
| Affiliation                                  |           |
| Position                                     |           |
| Mailing address with E-mail                  | UFLEAD.   |
| Contact Phone                                | Ser. Ser. |
| Qualification and experience                 |           |
| (Supporting documents may be attached)       |           |
| Course(s) for which admission is sought      | 5         |
| Total amount payable in figure as well as in |           |
| words (Please refer table in the brochure)   |           |
| Cheque / Demand draft No. & date of issue    |           |

Signature with seal

**Mode of Payment :** Either by Cheque / Demand Draft in favour of "**TMC Institute of Learning**" or online to the following A/C

TMC Institute of Learning, State Bank of India (Shyambazar Branch), Branch Code : 0180, IFS Code : <u>SBIN0000180</u>, A/C No. <u>34839278234</u>.

| Mailing address | Shri Pranab Ray, Director, TMC Institute of Learning<br>39/3. Canal West Road<br>Kolkata 700 004<br>Tel : +91 33 2555 6842, Mobile : +91 9748906685<br>E-mail : <u>tmc@tmcgroupindia.com</u> / <u>pranabray50@gmail.com</u> |
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VISION CERTIFICATE

| Name                              | the second se |
|-----------------------------------|---|
| Address                           | UFLEAN  |
| Near Vision                       |   |
| RE (corrected / uncorrected)      |   |
| LE (corrected / uncorrected)      |   |
| (J2 or equivalent 30 cms minimum) |   |
| Colour Vision                     |   |
| Remarks, if any                   |   |

Name & Signature of Ophthalmologist

**Registration No.** 

Date :