

Application form for Technical Qualification Evaluation in Trenchless Technology Techniques

App No. _____ (to be allotted by IndSTT)



To,
Executive Director,
Indian Society for Trenchless Technology, India

Subject: Application for Evaluation of Technical Competency

Dear Sir,

Kindly evaluate and certify my technical competency in _____ Technique*. My details are as follows:

1. Name of Candidate: (IN BLOCK CAPITAL) [Grid]

2. Father's Name: (IN BLOCK CAPITAL) [Grid]

3. Mother's Name: (IN BLOCK CAPITAL) [Grid]

4. Date of Birth (DD-MM-YYYY): [Grid]

5. Sex: Male Female

6. Permanent Address: [Grid]

7. Complete Mailing Address: [Grid]

8. Land Line Phone Nos.....Mobile No. (Self) Mobile (PP)
Email:

9. Educational/Training Record:

Sl. No	Degree/Certificate	School/Board/Institution /University	Year	% of marks /Grades	Specialization

10. Experience:

Sl. No	Designation	Name of Employer	Address		Dates of Employment	
			City	State	From	To

11. Competency to be certified*:

12. Fees Paid**:

Amount in Rs.	Cheque/DD No.	Date	Bank name

13. Declaration

I hereby certify that the entries made by me in the above applications form are correct to the best of my knowledge and I have not concealed any information in any manner.

I understand that if at any stage, it is found that I have provided any wrong information my certificate shall stand cancelled automatically and I shall have no claim whatsoever, on the amount paid to IndSTT.

I undertake to follow all the rules and norms laid down by IndSTT time to time.

Date:

Place:

(Signature of the Candidate)

* Refer the Competency Schedule for details.

** Operator Certification fee Schedule

Particulars are to be filled by the candidate in their own handwriting.

(This space is for office use only)
