



# PRANALI NDT TRAINING INSTITUTE

105, CHIRAG HOUSE , PLOT NO 44/7 , SECTOR 18, VASHI , NAVI MUMBAI  
CONTACT 9869063789 [info@pranalindt.com](mailto:info@pranalindt.com)

Candidate Name : \_\_\_\_\_ (In Capital )

Highest Qualification: \_\_\_\_\_

Contact Number \_\_\_\_\_

Email Id \_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_

Course Details : \_\_\_\_\_ Level I/II

Course Commencement Date : \_\_\_\_\_

( For Office Use Only)

Course Code : \_\_\_\_\_

Certificate No: \_\_\_\_\_

\_\_\_\_\_

SEAL OF ORGANIZATION

Candidate Signature

## Vision Requirements

Vision examinations shall be administered by a physician, licensed nurse, ophthalmologist or optometrist, or by personnel approved by the employer's Level III. The visual examination date must be within **12 months** of the date that this application is signed. The form below may be used to document this requirement.

### Near distance vision

You must have visual acuity in at least one eye capable of reading the Jaeger J1 test chart, or equivalent, at a distance of not less than 30.5 cm (12in.)

### Color vision

You must be able to differentiate between the colors used in the NDT method(s) for which certification is required.

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## Attestation of Visual Acuity

Eye Exam Date \_\_\_\_\_

Candidate Name (please print) \_\_\_\_\_

I attest that I administered a **near distance examination** on the candidate named above, and that the candidate has natural or corrected near-distance acuity in at least one eye capable of reading the Jaeger Number 1 test chart or equivalent at a distance of not less than 30.5 cm (12 in.).

I attest that I administered a **color perception examination** on the candidate named above, and that the candidate has:

No Color Perception Deficiency       Color Perception Deficiency (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Eye Examiner

\_\_\_\_\_  
Date

Ophthalmologist/Optometrist       Physician       Registered Nurse

Employer's Level III      Certificate No: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Other (Approved by the Employer's Level III):      Title: \_\_\_\_\_

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## Employer Attestation (for Candidate Color Perception Deficiency)

If the candidate has a **color perception deficiency**, the candidate's ability to distinguish colors used in the applicable method(s) as specified by the employer must be confirmed by the employer or a designated and responsible agent of the employer (such as an ASNT Level III, ACCP Professional Level III, or company Level III per SNT-TC-1A).

I attest that the above named candidate has sufficiently demonstrated the ability to distinguish colors used in the applicable test method(s) as specified in employer procedures.

\_\_\_\_\_  
Employer/Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Agent Name (print)

\_\_\_\_\_  
ASNT ID (if applicable)

\_\_\_\_\_  
Title