



REGISTRATION FORM

Title: **ASNT NDT LEVEL II Training Course**

Dates:

1) Name: _____

2) Company Name: _____

3) Postal Address: _____

4) Designation : _____ Qualification: _____

5) Phone No: _____ Mobile No: _____

6) E-Mail: _____

| | | |
|---------------------|-----------|--------------------------------------|
| Bank Detail: | Title: | Muhammad Shiraz Habib |
| | IBAN: | PK67MEZN0003200103332276 |
| | Account # | 0320-0103332276 |
| | Bank | Meezan Bank |
| | | (G-13/4 , Islamabad-Pakistan) |

FOR OFFICIAL USE ONLY

Registration No.: _____

Course Title: _____

Data base ID: _____

Authorized Signature: _____ Date: _____

SMIS (System Machinery Inspection Services)

Pakistan Office: SMIS Plaza 23, Commercial zone, Gate 9, Defence Road, Valancia, Lahore-Pakistan

USA Office: 1187 Coast Village Road, Suite 495, Montecito, CA 93108 USA

Contact Number +92 (0) 345-4266662