



THE ENGINEERS EDGE INSTITUTE OF NDT

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EYE FITNESS CERTIFICATE

Name of the candidate :
Address :
Date of Birth :
Organization :
Distant Vision : Corrected /Natural
Left eye : Right eye
Near Vision : Corrected /Natural
Left eye : Right eye
Color Vision :

Remarks of the Eye Specialist whether the Candidate meets the Requirements of the standards as per ASNT –SNT –TC- 1A. Yes/No.

Signature of Eye Specialist

Regd. No.

Address

Seal

Place :

Date :