



Application for CBNBDT Re-examination

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|---|-------|---|---|
| Method | | | |
| <input type="checkbox"/> 1 st Repeat Examination | | <input type="checkbox"/> 2 nd Repeat Examination | |
| Date of Original Examination | | | |
| Date of 1 st Repeat Examination (if applicable) | | | |
| Please check the examination papers to be reexamined. | | | |
| Level 1 | | Level 2 | |
| <input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical | | <input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical | |
| | | Level 3 | |
| | | <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C | <input type="checkbox"/> Part D <input type="checkbox"/> Part E <input type="checkbox"/> Part F |
| Personnel Details | | | |
| Full Name of Applicant: Dr/ Mr/ Mrs/ Ms (in block letters) | | | |
| Correspondence Address | | | |
| NIC No | | Passport No | |
| Contact Information | | Telephone | |
| | | Email | |
| Emergency Contact | | Name | |
| | | Relationship | |
| | | Telephone | |
| Employment Details (if applicable) | | | |
| Organization Name and Address | | | |
| Job Title | | | |
| <p>Note: Please attach your eye examination report, a copy of NIC/passport and letter of examination results sent by Examination Committee of CBNBDT.</p> <p>Declaration by Applicant</p> <ul style="list-style-type: none"> • I certify that the particulars furnished in this application are true. • I declare that I have read the examination regulations and I will not release confidential examination materials or participate in fraudulent test taking practices. <p>Signature of Applicant: _____ Date: _____</p> | | | |
| Administration use only | | | |
| Examination Admission No: | | Examination Date(s) : | |
| Method | Level | Validity of Eye Examination Report | |