



The Indian Institute of Welding-ANB

Authorised Nominated Body of the International Institute of Welding in India

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APPLICATION FORM FOR ADMISSION TO THE COURSE OF INTERNATIONAL WELDER

Part – A

Paste attested
Photograph
(Passport Size)

1. FULL NAME: _____
(in CAPITAL WITH CORRECT SPELLING)

2. Photo Identity Card Ref _____ Citizen _____

3. Name of Father/ Mother _____ DOB _____ Place _____

4. Mailing Address: _____

Identified by

Contact Phone No: (Mobile No.): _____ E Mail Address _____

5. Course applied for: INTERNATIONAL WELDER (IW)

4 a. Mention process(S) you want to follow (please √): MMAW-111 MIG-131 MAG-135 FCAW-136 /138 TIG-141 .
Please mention the specific Process Number as per ISO 4063 & IW Guideline if known

b. Level of course you want to follow (please √): Fillet Welder Plate Welder Pipe Welder .

c. Mention special material you want to weld on [Optional P] (please √): Stainless Steel Aluminium .
Carbon/Mn standard Steel Gr-1 ISO 15608 is the Standard Parent material for training for IW

6. Preference of Authorised Training Body you wish to join, if any: _____

7. Details of crossed D.D. Enclosed: No.: _____ Date: _____ on Bank
_____ for Rs. _____.

8. Are you a member of the Indian Institute of Welding? Yes | No

9. If yes, Membership Number _____.

Place: _____

Date: _____

Signature of Candidate

FOR OFFICE USE ONLY

REGISTRATION NUMBER ALLOTTED:

Number Allotted by

Part – B

10. Are you physically fit to undertake the profession of Welding? Yes | No
(P.S.: Please enclose a medical certificate from a Registered Medical Practitioner to the above effect, in the enclosed form).
11. Academic Qualifications (from Class X onwards).

S. No.	Examination Passed	Board / Institute / University	Specialisation	Year of Passing	% Marks / Grade Point obtained
1.					
2.					
3.					

- N.B.:** 1. Enclose attested copies of Certificates and Mark Sheets.
2. In case Certificate / Mark Sheet is in a language other than English, enclose an English Translation Certified by the Head of the Deptt. / Head of Institution / Gazetted Officer.

12. Have you got any experience of welding / metal working? Yes | No
13. If yes, give details.
14. List of Enclosures (number the enclosures).
- (1)
- (2)
- (3)
- (4)
- (5)
15. Declaration: I have read the Prospectus, and I agree to abide by the Rules and Regulations in attending the International Welder (IW) course and Examinations, written, oral and practical related to the course.
16. I understand the risks of providing wrong information or falsified documents in relation to satisfying the access conditions for the appropriate diploma. If such cases occur and are proved beyond reasonable doubt, the applicant understands that the ANB shall ensure that the diploma is withdrawn apart from taking any legal action as appropriate.

"I understand that by applying through the Standard Route and after acquiring the IW diploma, I will be responsible for its correct use and shall take measures to prevent misuse such as modifications of its content. In the case of misuse the ANB can initiate legal activities against the diploma holder".

Place: _____

Signature of Candidate

Date: _____

FORWARDED BY ATB WITH SIGNATURE & STAMP AFTER VERIFICATION OF DOCUMENTS

FOR OFFICE USE ONLY

Verified and Approved by ANB Official



**CERTIFICATE
 FROM A REGISTERED MEDICAL PRACTITIONER**

I have examined Mr. / Ms. _____

_____ whose signature is as below and found that

Signature of the candidate

 Full Name of the candidate

- (1) He / She is free from physical deformities/disabilities which may render him unfit for the profession of welder.
- (2) His/Her eye sight is satisfactory (normal vision or corrected by spectacles) for him/her to perform welding jobs.

Qualifying remarks, if any: _____

- (3) His/Her hearing is satisfactory to perform welding jobs.

Qualifying remarks, if any: _____

- (4) He/she is not diagnosed having any respiratory disease/ailment like COPD/Asthma or any other known allergic reaction to welding fumes

I certify that he/she is fit to undergo training as welder.

Place: _____

Date: _____

Seal

Signature of Medical Practitioner

Name _____

Address _____

Registration Number [Box with dots]