



# THE INDIAN INSTITUTE OF WELDING

(A Member Society of The International Institute of Welding)

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## REGISTRATION FORM FOR AM-IIW EXAMINATION

Please Fill in BLOCK Letters

1. Name: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

Paste  
Attested  
Photograph

Pin-Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone No.: \_\_\_\_\_

5. Academic Qualification (From Secondary level and above):

	Examination Passed	Board / Institution's Name	Year of Passing	% of Marks
A.				
B.				
C.				
D.				
E.				

**N.B.:** Attested Copies of Certificates & Marksheets must be enclosed.

6. Employment Details:

	Organisation Name	Status	Nature of Duties & Year of Experience
A.			
B.			
C.			

**N.B.:** Supporting Documents of Experience must be enclosed.

7. Have you any training in the field of Welding (if Yes, give details and enclose Certificates):

**8. Exemption sought in the Subjects:**

*(Enclose attested copies of Mark Sheets, and Syllabi of Subjects studied in the Qualifying Examination)*

S. No.	Subject Code No.	Name of the Subject	Supporting Documents Enclosed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

9. Membership No.: \_\_\_\_\_

10. Attached to I.I.W. Branch: \_\_\_\_\_

Registration Fee of Rs.1,000/- by Crossed DD in favour of "The Indian Institute of Welding", payable in Kolkata is to be enclosed.

Crossed Demand Draft No.: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

On (Bank) \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of the Candidate*

**FOR OFFICE USE ONLY**

Registration No. Allotted:

Rejected (with reasons):

Date: \_\_\_\_\_

\_\_\_\_\_  
*Controller of Examinations*