



The Indian Institute of Welding-ANB

Authorised Nominated Body of the International Institute of Welding in India

IIW-India House, Plot No: 38, Geetanjali Park

200, Kalikapur Main Road, P.O Mukundapur,

Kolkata - 700 099, Phone:+91 33 4006 1837

E Mail:anb@iiwindia.com , Website:<http://www.iiwindia.com>



REGISTRATION FORM FOR ADMISSION TO THE COURSE OF IWE/IWT / IWS / IWP / IWIP – C / IWIP – S / IWIP - B

Part – A

1. FULL NAME: _____
(in CAPITAL WITH CORRECT SPELLING)
2. Photo Identity Card Ref _____ Citizen _____
3. Name of Father/ Mother _____ DOB _____ Place _____
4. Mailing Address: _____

Paste attested
Photograph
(Passport Size)

Identified by

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

5. Preference of Authorised Training Body (ATB), if any: _____

(please refer to Remarks of scrutiny of your Application Form while filling item 4.)

6. ROUTE (Please √ any one): (a) Standard Route-1
(b) Alternative Route
(c) Transition Arrangement

P.S.: 1) After scrutiny, Standard Route-2 is disallowed; you will automatically revert to Standard Route-1.
2) For Transition Arrangement, after your application has been scrutinised and assessed by the Assessment Committee, if found suitable, you will have to undertake the specified Refresher Course for IWE / IWT / IWS / IWP courses & IWIP and written test and interview as per relevant content for the courses.

7. Additional details in justification of Standard Route-2, if any. (Refer to remarks of scrutiny).

8. Additional details in justification of Transition Arrangement, if any. (Refer to remarks of scrutiny).

9. List of Additional Enclosures (number the enclosures).

(1) _____ (2) _____
(3) _____ (4) _____

10. Declaration: The above statements are true to the best of my knowledge and belief.

Place: _____

Signature of Candidate

Date: _____

FOR OFFICE USE ONLY

REGISTRATION NUMBER ALLOTTED: