

Certificate No: 35/3

ANB-IND

**The Indian Institute of Welding-ANB**

**Authorised National Body of the International Institute of Welding in India**

**IIW-India House, Plot: 38Geetanjali Park Main Road**

**200, Kalikapur Road, P.O.Mukandapur,Kolkata – 700 099**

**Tel: +91 33 4006 1837, E-mail:**anb@iiwindia.com**, Web:** <http://www.iiwindia.com>

Preliminary Information FORM to be filled by the Applicant

for Eligibility Determination IIW-(International) Qualification

(Before submission of formal Application FORM along with Fees as applicable)

1. FULL NAME: …………………………………………………………………………………………

(In CAPITAL LETTERS WITH CORRECT SPELLING)

1. Place of Birth& Date of Birth: Place:…………………………….DOB ………………………
2. Name of Father/ Mother……………………………………………………………………………
3. PostalAddress: ……………………………………………………………………………………… …………………………………………………………………………………………………………
4. Contact Mobile Nos.:………………......

e-mail:…………………............ Skype………………………

1. For Overseas Applicants
	1. Address in India if available ……………………………………………………………………..
	2. Contact person &Tel number in India if available.………………………….…….................
2. Interested to Qualify as:(*please √ or highlight any one or more after checking our Brochure and visit to our website link*:<http://iiwindia.com/personnel-qualification-certification/>
	1. **INTERNATIONAL WELDING COORDINATION PERSONNEL**

**IWE**

**IWT**

**IWS**

**IWP**

**ITW**

* 1. **INTERNATIONAL WELDER: IFW IPW**
	2. **Welding Processes:**

**MIG/MAG**

**TIG**

**MMA**

1. Admission to ATB for Standard Route or by Alternative Route/Transition Arrangemen**t**
2. Academic Qualifications (from Class X onwards in India/overseas)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Examination Passed | Board / Institute / University | Specialisation if any | Course duration (Mention if by distance mode) | Year of Passing |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

1. Details of other Professional Examinations Passed or training received inWelding and related subjects and skills.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Examination PassedTraining received | Organisation/ Institution | Specialisation | *Course duration (Mention if by distance mode)* | Year of Passing |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

1. Details of Employment with current on top (chronologically in descending Order)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Name of Employer(Country of posting) | Status / Position | Job responsibility & function | Duration: dates |
| From | To | Months |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |

1. Core Experience (please √ any one or more based on your own assessment)

 **QA**

**Construction**

**Welded Fabrication**

**Production & Manufacturing**

**Product Marketing & Services**

 **R & D**

**Training & Education**

1. I confirm that the information provided above are complete &correct and I shall submit Formal Application along with all supporting documents & application Fees. I understand that any communication from IIW-India ANB, based on the information provided **does not confirm eligibility** but only facilitates the application to be placed before the IIW India-ANB Assessment Committee regarding my eligibility following applicable IIW-IAB Rules & Guidelines which is final and binding on me.

Place:

Date:

 Signature of Candidate

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**FOR OFFICE USE ONLY**

Comment after preliminary check for further action: