IIW-India ANB: ENQUIRY



Certificate No: 35/3 ANB-IND

1.

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 for IIWE/IWT/IWS/IWP & IW Qualification

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

FULL NAME:

(In CAPITAL LETTERS WITH CORRECT SPELLING)						
2.	Place of Birth& Date of	f Birth: Place:		DOB .		
3.	Name of Father/ Mothe	ər:				
4.	Postal Address:					
5.	Contact Mobile Nos:					
	Personal e-mail addres	s:	WI	hatsApp No		
6.	For Overseas Applicant	ts				
	a. Address in India if	available				
	b. Contact person & 7	Геl number in India if	available			
7.	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/					
	a. INTERNATIONAL WELDING COORDINATION PERSONNEL					
	IWE	IWT	IWS	IWP		
	b. INTERNA	TIONAL WELDER	: IFW	IPW	ITW	
	• W	elding Processes	i MMA	MIG/N	MAG TIG	
8.	Admission to ATB for S	Standard Route or by	y Alternative Ro	ute/Transiti	on Arrangemen t	
9.	Academic Qualification	ns (from Class X onw	vards in India/ov	/erseas)		
S.	Examination	Board / Institute /	Speciali	sation I	ourse duration Mention if by	Year of
No.	Passed	University	if any		stance mode)	Passing
1						
2						
3						
4						
5						

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10. Details of other Professional Examinations Passed or training received in <u>Welding and related subjects and skills.</u>

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

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

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

12. Core Experience (please $\sqrt{\ }$ any one or more based on your own assessment)

Production & Manufacturing	Welded Fabrication	Construction	QA
Training & Education	Hands on welding expe	erience (for IW)	Others

13. 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 <u>does not confirm eligibility</u> 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.

	*Please do not subm	t any remittance and documents other than CV along with this form
Date:		Signature of Candidate
Place:		

FOR OFFICE USE ONLY

Comment after preliminary check for further action: