



The Indian Institute of Welding-ANB
Authorised Nominated Body of the International Institute of Welding in India
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PRELIMINARY APPLICATION FORM
BY THE PROSPECTIVE ATBs'

- 1) Name of the Organisation (IN BLOCK LETTERS)

- 2) Nature of Ownership (Pl. \surd any one)
(a) Proprietary (b) Partnership (c) Public Ltd. Co. (d) Pvt. Ltd. Co.

- 3) Registration No.: _____.

- 4) a) Address of Registered Office: _____

b) Address of Head Office: _____

- 5) Nature of Present Business: i) _____
ii) _____
iii) _____

- 6) Briefly describe the facilities you have for Welding Training
 - i) Land & Building Area

 - ii) Lecture Halls
 - a) No. of Halls
 - b) Area
 - c) Seating Capacity
 - d) Facilities

- iii) Welding Workshop
 - a) Area
 - b) Details of Equipment
 - i) MMAW
 - ii) MIG / TIG
 - iii) SAW
 - iv) Metal Cutting
 - c) Faculty & Instructor

Give the details of each person along with their academic background and work experience.

7) Course you want to conduct: (Put a mark against the choice)

- a) International Welding Engineer
- b) International Welding Technician
- c) International Welding Specialists
- d) International Welding Practitioner
- e) International Welding Inspector
- f) International Welder

8) a) Who are the target students

b) How many participants you expect

Sl. No.	Course	1 st year	2 nd year	3 rd year
(i)	International Welding Engineer			
(ii)	International Welding Technician			
(iii)	International Welding Specialists			
(iv)	International Welding Practitioner			
(v)	International Welding Inspector <i>Comprehensive, Standard, Basic</i>			
(vi)	International Welder			

9) Any other information you would like to furnish in support of your application. (May add extra sheet)

10) Payment details of Application sent: Cheque / D.D. No. _____ dated _____
drawn on _____ for Rs. _____

Authorised Signatory of ATB