

## THE INDIAN INSTITUTE OF WELDING

(A Member Society of the International Institute of Welding)

Registered & Head Office IIW-INDIA HOUSE, Plot No. 38, Geetanjali Park, 200 Kalikapur Main Road, PO: Mukundapur, Kolkata - 700099, INDIA Tel: 91 33 2416 0826 / +91 98301 23968 | Telefax: 91 33 2416 0826 E-mail: <u>iiw@iiwindia.com</u> | Website: <u>https://iiwindia.com</u> CIN: U27310WB1966GAP026807 | GSTIN: 19AAATT5926E1ZC

## **AM – IIW EXAMINATION**

APPLICATION FORM FOR ENROLMENT FOR PART – C (As per New Syllabus June 30 2020)

Enrolment Fee amounting to Rs.	(Rupees	
)for Practical/ Pro	ect/ Comprehensive Viva Voce is enclosed by Crossed Bank Draft	in
favour of "The Indian Institute of W	elding", payable in Kolkata.	
Number:	Date:	
Amount:	On (Bank):	
Membership No.:	Roll No.:	
Candidate's Name		
Age Yrs	Date of Birth	
Address		
(Mailing)		
	Pin-Code:	
Email:		
Phone No.1:	Phone No.2:	
No. of Subjects Passed, or Exen	pted:	
N.B.: Enclose details of Subje Summer), Year.	t No., Name of the Subject, Marks Obtained, Session (Winter /	
Aggregate Percent:		
Name(s) of the Project Guide(s)	Supervisor(s):	
1) Name:	Designation:	
2) Name:	Designation:	
	DING - FOR NATION BUILDING	



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Topic of Project Work Proposed: \_\_\_\_\_

Brief details of Work Project to be carried out, viz. Literature Review / Line of Study or Investigation:

(Attach a separate sheet, if necessary)

Declaration by the candidate:

I have read the Rules regarding Project Work and Viva Voce and I declare that

- (i) all the requirements for commencement of the Project have been met, and
- (ii) shall abide by the Rules in carrying out the Project Work.

Signature of the Candidate: \_\_\_\_\_

Place: \_\_\_\_\_

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

Countersigned by the Guide(s) / Supervisor(s):

I agree to act as the Guide / Supervisor of <u>Mr.</u>

1) Name: \_\_\_\_\_

Signature:

Date: \_\_\_\_



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2) Name: \_\_\_\_\_

Signature:

Date:

List of Enclosures:

- 1) Crossed DD.
- 2) List of subjects Passed / Exempted.
- 3)
- 4)

