



# 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: [iiw@iiwindia.com](mailto:iiw@iiwindia.com) | Website: <https://iiwindia.com>  
CIN: U27310WB1966GAP026807 | GSTIN: 19AAATT5926E1ZC

## AM – IIW EXAMINATION

### APPLICATION FORM FOR ENROLMENT FOR PART – D

Enrolment Fee amounting to Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) is enclosed by Crossed Bank Draft in favour of “The Indian Institute of Welding”, 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 Exempted: \_\_\_\_\_

N.B.: Enclose details of Subject No., Name of the Subject, Marks Obtained, Session (Winter / Summer), Year.

Aggregate Percent: \_\_\_\_\_

Name(s) of the Project Guide(s) / Supervisor(s):

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

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





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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 Mr. \_\_\_\_\_

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)

