



**THE INDIAN INSTITUTE OF WELDING
CERTIFICATION DIVISION**

IIW-India House, Plot no. 38, Geetanjali Park
200 Kalikapur Main Road, Kolkata - 700099

APPLICATION FOR APPEARING IN EXAMINATION UNDER IIWIC SCHEMES

- 1. Name: _____
- 2. Father's name: _____
- 3. Date of birth: _____
- 4. Government Id type and No.: _____
- 5. Present address: _____

Photograph of candidate to be pasted and attested by ATC

Email: _____ Mobile No.: _____

- 6. Permanent address: _____

- 7. Educational Qualifications:
 - a. _____ Year _____
 - b. _____ Year _____
 - c. _____ Year _____
 - d. _____ Year _____

- 8. Details of any prior training / experience in welding / inspection / NDT:
 - a. _____ Year _____
 - b. _____ Year _____
 - c. _____ Year _____

- 9. Details of any prior certification obtained in welding / inspection / NDT:
 - a. _____ Year _____
 - b. _____ Year _____
 - c. _____ Year _____

- 10. Name of the ATC through which applied: _____
Enrollment No. _____

- 11. Name of the Course: _____ Code:

- 12. Does the applicant need any special support for physical challenges? Yes No

(If yes, please specify with supporting documents): _____

- 13. Details of the Application fee remitted Cash / DD / NEFT / Any other means (Please specify)
Amount _____ Reference No. _____ Dated _____
(Not applicable, in case paid through ATC. Please contact ATC for the fees payable.)



14. Declaration: I, _____, declare & confirm that:
- (i) the above particulars are true, and I shall produce all of my certificates in original for verification by the examiner.
 - (ii) I possess appropriate health, physical and mental capability for safe operation of welding equipment with full performance of duties as may be necessary during the Certification process.
 - (iii) my eyesight is satisfactory, Near Vision - Jaeger J2 or better with correction (certified by a registered ophthalmologist / optometrist / eye specialist not more than 12 months old)
 - (iv) my colour vision is satisfactory and I can distinguish and differentiate between the colours used in the NDT methods, no Colour Blindness as per ISHIHARA test (certified by a registered ophthalmologist / optometrist / eye specialist not more than 12 months old).
 - (v) I am aware that in the Certification examination to be conducted under ATC, the examination and test as per NWTCS / NWICS will include questions and tests from the total curriculum of the concerned courses and I agree to comply with the certification requirements and to supply any information needed for the assessment.
 - (vi) I also agree to abide by the requirements and restrictions for the use of the NWTCS / NWICS certificate / logo as prescribed in the IIWIC Guidelines.
 - (vii) I shall not divulge any confidential information regarding question papers and practical tests and keep the information confidential.
 - (viii) I shall not indulge in any form of malpractices or fraudulent acts during the assessment.
 - (ix) I shall comply with the relevant provisions of the certification scheme.
 - (x) I shall make claims regarding certification only with respect to the scope for which certification has been granted.
 - (xi) I shall not use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body considers misleading or unauthorized.
 - (xii) I shall discontinue the use of all claims to certification that contain any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificate issued by the certification body.
 - (xiii) I shall not use the certificate in a misleading manner.

(Please attach two extra copies of photograph signed on the reverse)

Date: _____

(Signature in full)

Note: The candidate is hereby informed that as per the NWTCS / NWICS Rules, he / she has a right to complain to the IIWIC Management against any unfair treatment accorded to him / her during the application and / or the assessment process in respect of written, practical examination or viva-voce. Further, in case he / she feels that the assessment results do not fairly reflect his / her performance in the assessment, he / she has a right to appeal to the IIWIC Management. For this purpose, the candidate should submit his / her appeal in writing to the Chairman, IIWIC.

The candidate has been examined and has satisfied the theoretical and practical requirements for the course _____ and code as per internal assessment of the ATC. [The ATC also declaring to take full responsibility of the candidate, who will appear in the assessment as per IIWIC guidelines.](#)

**Signature of the head of the
ATC with Seal & Date**



FOR OFFICE USE ONLY (ATC)

Name of the Candidate: _____

Review of Application: All the above particulars are verified and found correct

Yes	No
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All the necessary documents and photographs submitted

Yes	No
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➤ Document verified, accepted and approved

Yes	No
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Special help required, if any:

Yes	No
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➤ Supporting documents for special help verified, accepted and approved:

Yes	No
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➤ Special help required by candidates can be provided within reasonable limits:

Yes	No
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The complete dossier of candidate is being forwarded to IIWIC for final acceptance

For ATC
(Signature with date & seal)

FOR OFFICE USE ONLY (IIWIC)

Complete dossier with re-examination fee received from ATC

Yes	No
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(Details of payment _____)

Document verified, accepted and approved

Yes	No
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The application is accepted, and the applicant is approved as a candidate for NWTCS / NWICS Examination, under Code: _____

Yes	No
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The decision communicated to ATC vide _____

Reviewed by:

AE, IIWIC
(Signature with date & seal)

Approved by:

Director IIWIC
(Signature with date & seal)

Candidate's Registration No. from IIWIC: _____ **dated:** _____

Examination Code:

Assessment Batch No.:

The Registration No. and Examination code has been Communicated to ATC vide _____

For IIWIC
(Signature with date & seal)