Form no. IIWIC/F-04 Rev. 0, Dt. 15/12/22

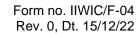


THE INDIAN INSTITUTE OF WELDING CERTIFICATION DIVISION

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

APPLICATION FOR ENROLMENT AS ASSESSOR / EXAMINER

1. Name: Mr. / Ms.					
(First Nan	me)	Middle Name)	(Last Name)	 Affi: Photog	
2. Role:				here	
a) Assess	sor	b) Examiner]		
3. Date of B	irth (Day)	(Month)	(Year)		
4. Residenti	al Address	, ,	, ,		
			PIN:		
5. Telephon	e / Mobile No:				
6. Email:					
7. Office add	dress				
			PIN:		
	e / Mobile No:				
•	C / WOBIIC TVO.				
10. General					
Period	Board / Council / University	Qualification	Educational Institution	Address	Grade
11. Technica	al Education:				
Period	Certifying Authority	Qualification	Institution	Address	Grade





12. Membership of Professional Bodies:

SI. No	Name of the Professional Body	Address	Membership Grade & Number	Valid Till
		1		

13. Experience (Please write in chronological order with present experience listed first):

SI. No.	Name of the Organization	Position	Address	Job description

14. Are you registered as Assessor for any Sector Skill Council?	Yes	No
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If yes, please provide details:

- 15. Declaration by the Applicant:
 - I declare that my eyesight corrected with glasses is adequate for meeting the requirements for visual testing and radiographic testing as per code requirements. I also do not have any optical disabilities like colour blindness or night blindness.
 - I declare that I have adequate physical fitness to carry out assessment / testing / examination activities in a shop for prolonged period of 8 to 10 hours.
 - I declare that the above information relating to my education and experience are correct. I do understand that any incorrect information will result in disqualification of self and suspension / cancellation of registration by accreditation body, if any.

Note: Please use additional sheet for further details, if required.

Signature: _				
J				
Date:				