



THE INDIAN INSTITUTE OF WELDING

(A Member Society of The International Institute of Welding)

Head Quarter & Regd. Office Address:

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REGISTRATION FORM FOR AM-IIW EXAMINATION

Please Fill in BLOCK Letters

Paste
Attested
Photograph

1. Name: _____

2. Father's Name: _____

3. Date of Birth: _____

4. Mailing Address: _____

Pin-Code: _____

Email: _____

Phone No.: _____

5. Academic Qualification (From Secondary level and above):

	Examination Passed	Board / Institution's Name	Year of Passing	% of Marks
A.				
B.				
C.				
D.				
E.				

N.B.: Attested Copies of Certificates & Marksheets must be enclosed.

6. Employment Details:

	Organisation Name	Status	Nature of Duties & Year of Experience
A.			
B.			
C.			

N.B.: Supporting Documents of Experience must be enclosed.

7. Have you any training in the field of Welding (if Yes, give details and enclose Certificates):

8. Exemption sought in the Subjects:

(Enclose attested copies of Mark Sheets, and Syllabi of Subjects studied in the Qualifying Examination)

S. No.	Subject Code No.	Name of the Subject	Supporting Documents Enclosed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

9. Membership No.: _____

10. Attached to I.I.W. Branch: _____

Registration Fee of Rs.500/- by Crossed DD in favour of "The Indian Institute of Welding", payable in Kolkata is to be enclosed.

Crossed Demand Draft No.: _____

Date: _____

Amount: _____

On (Bank) _____

Date: _____

Signature of the Candidate

FOR OFFICE USE ONLY

Registration No. Allotted:

Rejected (with reasons):

Date: _____

Controller of Examinations