



The Indian Institute of Welding-ANB

Authorised National Body of the International Institute of Welding in India

Centre for Welding Education,
Reba Nibas, 2nd Floor, 8/19 Fern Road, Kolkata – 700 019, INDIA.

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APPLICATION FORM FOR ADMISSION TO IWIP – C/IWIP – S/IWIP - B BY TRANSITION ROUTE

Part – A

1. Name: _____

2. Date of Birth (dd/mm/yyyy): _____
(Enclose attested copy of date of birth)

3. Mailing Address: _____

Paste attested
Photograph
(Passport Size)

Phone No. (City Code + No.): (Off): _____ (Res): _____

Email id: _____

4. Application under Transition Route for course (please \surd any one): IWIP – C / IWIP – S / IWIP - B

5. Details of crossed D.D. Enclosed: No.: _____ Date: _____ on Bank
_____ for Rs. _____.

6. Are you a member of the Indian Institute of Welding? Yes | No

7. If yes, Membership Number _____.

“I understand that by applying through the Transition Route and after acquiring the diploma I will be responsible for its correct use and shall take measures to prevent misuse such as modifications of its content. In the case of misuse the ANB can initiate legal activities against the diploma holder”.

Date: _____

Signature

FOR OFFICE USE ONLY

REGISTRATION NUMBER ALLOTTED:

Part – B

8. Academic Qualifications (from Class X onwards).

S. No.	Examination Passed	Board / Institute / University	Specialisation	Year of Passing	% Marks / Grade Point obtained
1.					
2.					
3.					
4.					
5.					

- N.B.:**
1. Enclose attested copies of Certificates and Mark Sheets.
 2. In case Certificate / Mark Sheet is in a language other than English, enclose an English Translation Certified by the Head of the Deptt. / Head of Institution / Gazetted Officer.

9. Details of other Professional Examinations Passed.

S. No.	Examination Passed	Organising Institution	Specialisation	Year of Passing	% Marks / Grade (if any)
1.					
2.					
3.					

- N.B.:**
1. Enclose attested copies of Certificates and Mark Sheets.
 2. In case Certificate / Mark Sheet is in a language other than English, enclose an English Translation Certified by the Head of the Deptt. / Head of Institution / Gazetted Officer.

10. Details of NDT Qualifications&/or Welding Inspection of TWI/AWS

S. No.	Name of NDT Stream	Year of Passing	Certificate No.	Valid Upto	Certification Authority
1.					
2.					
3.					
4.					
5.					

- N. B.:**
1. In case of higher level of certifications, there is no need to mention the lower level.
 2. Name of NDT stream should indicate the level of certificate.

11. Vision Test Certificate

Name of Candidate:

Address:

Date of Birth:

Organisation:

Distant Vision:

Corrected / Natural:

Left Eye:

Right Eye:

Near Vision:

Corrected / Natural:

Left Eye:

Right Eye:

Colour Vision:

Remarks of the Eye Specialist whether the Candidate meets the requirements of the standards. (Please see extracts of the standards below) Yes / No

Signature of Eye Specialist

Regd. No.

Address:

Seal:

Place:

Date:

Extracts from BIS Standard

The candidate shall provide documented evidence of satisfactory vision, in accordance with the following requirements:

- (a) Distant vision shall equal smaller fraction 20/30 or better in at least one eye, either uncorrected or corrected.
- (b) Near vision shall permit reading a minimum of Jaeger number 2 or equivalent type and size letters at not less than 80cm on a standard Jaeger test chart for near vision, in at least one eye, corrected or uncorrected.
- (c) Colour vision shall be sufficient that the candidate can distinguish and differentiate between the colours used in the NDT method concerned and colour vision to be tested as per ISHIHARAS Charts.

12.Details of additional Training in welding undergone

S. No.	Name of Training	Name of Organisation	Duration		Details of Certificate(s) obtained
			From	To	
1.					
2.					
3.					

- N.B.:** 1. Enclose attested copies of Certificates and Mark Sheets.
2. In case Certificate / Mark Sheet is in a language other than English, enclose an English Translation Certified by the Head of the Deptt. / Head of Institution / Gazetted Officer.

13. Details of Employment

S. No.	Name of Employer	Status / Position	Duration		Nature of Duties	Reasons of Leaving
			From	To		
1.						
2.						
3.						

- N.B.:** 1. Enclose attested copies of Certificates and Mark Sheets.
2. In case Certificate / Mark Sheet is in a language other than English, enclose an English Translation Certified by the Head of the Deptt. / Head of Institution / Gazetted Officer.

14. Enclose a curriculum vitae (C.V.) / resume containing professional information, including

- i. Evidence of education / training courses passed / attended, after Diploma / Degree / Technician Certificate / ITI Training.
- ii. Evidence of job function(s) after Diploma / Degree / Training course, including position(s) held, job(s) executed, and the level of responsibility (Welding Engineer / Welding Technologist / Welding Specialist / Welding Practitioner).
- iii. Any other relevant professional achievement(s):

P.S.: Enclose attested copies of documents in support of the above.

15. List of Enclosures (number the enclosures).

(1)

(2)

16. Declaration: I have read the Prospectus, and I agree to abide by the Rules and Regulations concerning assessment for IWIP – B / S / C (please \surd any one) under Transition Route.

Place: _____

_____ Signature

Date: _____