



**APPLICATION FORM FOR ADMISSION TO THE COURSE OF
INTERNATIONAL WELDER**

Part – A

1. Name: _____
2. Date of Birth (dd/mm/yyyy): _____
3. Mailing Address: _____

Paste attested
Photograph
(Passport Size)

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

Email id: _____

4. Course applied for: INTERNATIONAL WELDER (IW)
 - 4 a. Mention process(S) you want to follow (please √): MMAW MIG/MAG TIG FCAW
 - b. Level of course you want to follow (please √): Fillet Welder Plate Welder Pipe Welder
 - c. Mention special material you want to weld on [Optional P] (please √): Stainless Steel Aluminium
5. Preference of Authorised Training Body you wish to join, if any: _____
6. Details of crossed D.D. Enclosed: No.: _____ Date: _____ on Bank _____ for Rs. _____.
7. Are you a member of the Indian Institute of Welding? Yes No
8. If yes, Membership Number _____.

Date: _____

Signature

FOR OFFICE USE ONLY

REGISTRATION NUMBER ALLOTTED:

Part – B

9. Are you physically fit to undertake the profession of Welding? Yes No
(P.S.: Please enclose a medical certificate from a Registered Medical Practitioner to the above effect, in the enclosed form).

10. Academic Qualifications (from Class X onwards).

S. No.	Examination Passed	Board / Institute / University	Specialisation	Year of Passing	% Marks / Grade Point obtained
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.

11. Have you got any experience of welding / metal working? Yes No

12. If yes, give details.

13. List of Enclosures (number the enclosures).

(1)

(2)

(3)

(4)

(5)

(6)

14. Declaration: I have read the Prospectus, and I agree to abide by the Rules and Regulations in attending the International Welder (IW) course and Examinations, written, oral and practical related to the course.

Place: _____

Date: _____

Signature



**CERTIFICATE
FROM A REGISTERED MEDICAL PRACTITIONER**

I have examined Mr. / Ms. _____

whose signature is as below and found that

Signature of the candidate

Full Name of the candidate

- (1) He / She is free from physical deformities/disabilities which may render him unfit for the profession of welder.
- (2) His/Her eye sight is satisfactory (normal vision or corrected by spectacles) for him/her to perform welding jobs.

Qualifying remarks, if any: _____

- (3) His/Her hearing is satisfactory to perform welding jobs.

Qualifying remarks, if any: _____

- (4) He/she is not diagnosed having any respiratory disease/ailment like COPD/Asthma or any other known allergic reaction to welding fumes

I certify that he/she is fit to undergo training as welder.

Place: _____

Date: _____

Seal

Signature of Medical Practitioner

Name _____

Address _____

Registration Number