Indian Institute of Welding

NWTCS Scheme

Form No.: IIW:NWTCS:F-03

Rev No,03 Dt.16/08/17

## The Indian Institute of Welding IIW-INDIA HOUSE

Plot No.38, Geetanjali Park,200, Kalikapur Main Road, P.O.Mukundpur,Klokata-700099

## APPLICATION FORM TO APPEAR IN NWTCS EXAMINATION OF IIW-INDIA



Stamp size Photo of candidate to be pasted and attested by ATC

1. NAME:				
2. DATE OF BIRTH:				
3. PRESENT ADDRESS:				
Pin Code:				
Email:				
4. PERMANENT ADDRESS:				
Pin Code: Email:Cell No.:				
5. FATHER'S NAME:				
6. Educational Qualification:				
7. Details of any prior training/experience in welding:				
Details of any prior certification obtained in welding:				
9. REGISTRATION NO. OF ATC: DATE:				
10. Aadhar Card No				
11. I wish to be examined on the following process & level (Course Name and Code)				
Name of the course: Code:				
12. Name of the ATC:(Not Applicable for direct candidate)				
13. Examination Centre for External Candidates (if any):				
14. Does the Applicant require any special help for any kind of physical disability within a				
reasonable limit, Yes No				
If yes, please specify with supporting documents:				

15.	Declara	ation: I,	, declare & confirm the following:	
	(i)	that the above particulars are true and I shall properties for verification by the examiner.	roduce all of my certificates in original	
	(ii)	I possess appropriate health, eyesight, physica operation of welding equipment with full perform during the Certification process.		
	(iii)	My eyesight is satisfactory (normal vision or cowelding jobs.	rrected by spectacles) to perform	
	(iv)	My colour vision is sufficient that I can distingui colours used in the NDT methods.	sh and differentiate between the	
	(v)	I am aware that in the Certification examination examination and test as per NWTCS will includ curriculum of the concerned courses and I agre requirements and to supply any information needs	e questions and tests from the total e to comply with the certification	
	(vi)	I also agree to abide by the requirements and r certificate/logo as prescribed in the NWTCS Gu		
	(vii)	I shall not divulge any confidential information r tests and keep required information confidentia		
	(viii)	I shall not indulge in any form of malpractices of assessment.	r fraudulent acts during the	
16. I am enclosing the necessary fees for certification Rupees				
17. Two extra copies of my passport size photographs signed by me on the reverse is attached.				
	Date:		(Signature in full)	

<u>Note:</u> The candidate is informed that as per the NWTCS Rules, he/she has a right to complain to the NWTCS Management against any unfair treatment accorded to him/her during the application and/or the assessment process in respect of written, oral or practical examination. 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 NWTCS Management. For this purpose, the candidate should submit his/her complaint/appeal in writing to the Management Representative, NWTCS.

for the course					
and Code as per internal assessment of the ATC.					
Date: (Signature of the	ne Principal with stamp)				
FOR OFFICE USE ONLY					
Name of the Candidate:					
Review of Application: All the above particulars are verified & found accepted Yes No					
All the necessary documents are in order  Yes No					
On a sight hade we see in a 1 15 and a	Yes No				
Special help required, if any:					
Verification of supporting documents: Accepted & Approved:	Yes No				
Special help required by candidates: may be provided within reasonable limits:					
The application is accepted and the applicant is approved as a candidate for NWTCS Examination:					
For NW	Signature /TCS- IIW-INDIA				
Candidate's Registration No. from IIW-India:					
Assessment Batch No.					
Date of Registration:					
(Signature with Office seal)					