



ADVANCE INSTITUTE OF WELDING TECHNOLOGY



(Welding Consultancy, Training, Testing, Certification & Fabrication)

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Web Site: www.advanceweldinginstitute.com; ☎ 91-44 495 33741

Application form for Certification / Training at customer premises Welder / Engineer (Tick)

2 Nos.
Passport
Size
Photographs

Training / New Certification / Recertification (Strike whichever required)

Registration No.

1. Name :

2. Father / Guardian :

3. Designation :

4. Date of Birth :

5. Sex: Male / Female :

6. Company Name / Address. :

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7. Email / Contact No. :

8. Academic Qualifications

Education Details	Last Exam Passed	Name of the Institution / Examination Authority	Year of Passing	Group Details
General Education				
Technical Education				
Professional Qualification (if any)				

9. Professional Experience

Sl. No.	Name, Address & Telephone no. of the Organization	Nature of Business	Designation held	Duration of service



10. In case of re-certification, Please provide Following information
- a) Professional development in last two years
 - b) Details of work experience records.

General terms and Conditions:

- 1. Candidate can choose the option of training or certification only or both.
- 2. Certification means the qualification of welder. The qualification certificate will be provided after conducting examination as per examination procedure.
- 3. Examination will be conducted as per the WPS done on ASME Section IX unless the candidate requires any other standard (Ex. AWS, ISO 9606).
- 4. The qualification certificate will be provided to the candidate if candidate should score the more than 80% in Practical and 40% in Theory
- 5. Any change of address or telephone number should be notified in writing to AIWT within 10 days.
- 6. The use of AIWT Logo is valid up to the duration of the certification. Further, the use of logo is subject to the adherence of guidelines issued from time to time by ASPS.
- 7. The fee must be paid fully in advance for appearing in the examination.
- 8. The suspension of certification has been carried out as per Suspending, Withdrawing and reducing the scope of certification procedure.
- 9. The withdrawal of certificate has been carried out as per Suspending, Withdrawing and reducing the scope of certification procedure.

Declaration:

- 1. I retain appropriate health, eyesight, physical and mental capability for safe operation of welding equipment with full performance of duties as may be necessary as a qualified welder.
- 2. I am not a minor as per the Indian labour law / regulations
- 3. I certify that all the information contained in this application is accurate and I authorize such verification
- 4. I understand that falsification or misrepresentation of facts provided herein will be grounds for disqualification and / or cancellation of the awarded certification designation. If certified, I agree to abide by the rules and regulation set forth by AIWT
- 5. I declare that any disabilities happened which affect the job stacks specified in the scope of certification, during the validity period will be informed to AIWT within 10 days.
- 6. The applicant has the opportunity to declare within reason, a request for accommodation of special needs.
- 7. I agree that, if AIWT finds any misuse of certificate by self during the validly period, AIWT can withdraw the certificate at any time.

Signature of the Applicant

For office use only

- a) Name of Applicant : Proof of identification :
- b) Photocopies for verification :
- c) Training requirements : Yes / No Course applied :
- d) Certification requirements : Yes / No Type of Process :

Councillor Name:

Signature:

Director:

Signature: