



# ADVANCE INSTITUTE OF WELDING TECHNOLOGY



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

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## COMPLAINT FORM

Department : Certification:

1. Complaint made by : .....

2. Address : .....

3. Email ID / Contact No. : .....

4. Name of the assessor : .....

5. Complaint details : .....

6. Proposed Action : .....

7. Name & Signature. : .....

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### For office use only

a) Form accepted by :

b) Designation :

c) Signature & Date :