

ENROLMENT FORM

To
The Manager
Institute of Welding Technology (IIWT)
IInd Floor, Apsara Building,
Vadayattukotta Road, Chinnakada,
Kollam - 1. Ph: 0474-2767439

Dear Sir,

I/We hereby agree to enroll for your _____
_____ course.

Name	Designation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

The course fee of Rs. _____ enclosed herewith by Cash/ Cheque/ Demand Draft in favour of Institute of Welding Technology (IIWT), Kollam.

Date _____
Signature _____
Address _____

1. Admission will be provided on a first-come, first-served basis. The decision to the Centre will be final depending upon the ability of the applicant for a particular course.
2. After confirmation of admission, course fee is not refundable.
3. Certificate are awarded on successfully completing the course
4. Any change of address should be noticed in writing by the applicant.