

PRELIMINARY APPLICATION FORM BY THE PROSPECTIVE ATBs'

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Revision: 2

GBT/FD 016



Welding Institute of Thailand

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1.	Name of the Organisation (IN BL	OCK LETTE	RS)	
•••				
2.	Nature of Ownership (please √ an	ny one)		
	(a) Proprietary		(b) Partnership	
	(c) Public Ltd. Co		(d) other	
3.	Registration No.			
4.	a) Address of Registered Office:	• • • • • • • • • • • • • • • • • • • •		
		•••••		•••••
		•••••		•••••
	b) Address of Head Office:			
		•••••		•••••
5.	Nature of Present Business:			
	(1)			
	(2)			



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	(3)				
6.	Briefly describe the facilities you have for Welding Training				
	(1) Lai	nd & Building Area			
	(2) Led	cture Halls			
	a)	No. of Halls			
	b)	Area			
	c)	Seating Capacity			
	d)	Facilities			
(3) Weldi		elding Workshop			
	a)	Area			
	b)	Details of Equipment			
		i) MMAW/TIG			
		ii) MIG / MAG / FCAW			
		iii) SAW			
		iv) Metal Cutting			
		v) Other			
	c)	Faculty & Instructor			
		Give the details of each person along with their academic background and work			
		experience.			
7.	Course	you want to conduct: (Put a mark against the choice)			
	a)	☐ International Welding Engineer			
	b)	☐ International Welding Specialists			
	c)	☐ International Welding Practitioner			
	d)	☐ International Welding Inspection Personnel			



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	•••••		• • • • • • • • • • • • • • • • • • • •		
r		many participants you expect			
	SI. No.	Course	1 st year	2 nd year	3 rd year
	(i)	International Welding Engineer			
	(ii)	International Welding Specialists			
	(iii)	International Welding Practitioner			
	(iv)	International Welding Inspection Personnel			
	(iv)				
9.	(v)	International Welder er information you would like to furnish in sup	port of you	r application	n. (May a
9.	Any other extra she	er information you would like to furnish in sup			
	Any other extra she	er information you would like to furnish in suppet) details of Application sent: Checque / D.D. N			