Form XXI:R01 Dated: 07.08.2026

**FORM-XXI**

(Regulation 540)

**Record of Welder's Qualifications/Requalification Tests (Indian Boiler Regulations, 2026)**

Place of Test ……

Date ……..

Name of Welder ……

Father's name ……

Date of Birth ……..

Address ……..

……

Service of experience on Gas/Electric Arc …… years……...

Signature of Welder ……

Names and addresses of the firms where trained ……..

……

Tested on …….. (Plate, pipe, tube)

Gas of electric A.C./D.C. ……

Kind of test …… (Groove/Fillet/Branch)

Position……

Thickness of material used ……..

Diameter and thickness of pipe, branch or tubes used ……..

Quality of base material and electrode or filler rod ……..

**RESULTS OF OBSERVATIONS**

| | *Marks* | |
|---|---|---|
| | *Maximum* | *Awarded* |
| **A. Procedure** | | |
| 1. Preparation of specimen | 3 | |
| 2. Size & Grade of electrode or filler rod | 2 | |
| 3. Number of runs and manipulation of control | 5 | |
| **B. Visual Inspection** | | |
| 4. Root penetration | 10 | |
| 5. Freedom from undercut | 5 | |
| 6. Disposition of runs | 2 | |
| 7. Uniformity of surface | 1 | |
| 8. Shape of profile | 1 | |
| 9. Smoothness of joints | 2 | |
| 10. Freedom from cavities & slags | 5 | |
| 11. Dimensions of weld deposit | 1 | |
| 12. Quality of weld metal (Overheating, surface cracks, spongy surface etc.) | 3 | |
| **C. Physical Test** | | |
| 13. Face bend test | 10 | |
| 14. Root bend test | 20 | |
| **D. Etch Test** | | |
| 15. Disposition of runs | 2 | |
| 16. Degree of fusion | 5 | |

| | |
|---|---|
| 17. Root Penetration | 11 |
| 18. Slags inclusions and porosity | 5 |
| **E. Fractured Surface** | |
| 19. Quality of weld metal (Excessive oxidation, carburisation, overheating, roughness, porosity, appearance). | 7 |
| | 100 |

*Name and Signature of Competent Authority*

---

Observation on radiographic examination (if conducted) ……..

Marks awarded ……. %

Results of Oral or Written examination …….

Marks awarded ……. %

GENERAL REMARKS OF COMPETENT AUTHORITY ……

TYPE AND CLASS OF WELDING QUALIFIED …… in Gas or Electric Arc welding.

PERIOD OF VALIDITY OF CERTIFICATE …… From …… To ……

*Place ……*

*Date …….* *Name and signature of Competent Authority*