**INSTITUTE OF QUANTITY SURVEYORS SRI LANKA**



*The OPA Professional centre, No.275/75, 2nd floor, Prof. Stanley Wijesundra Mw, Colombo 07.*

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**Application to follow Professional Level 1,2,3 of IQSSL for Student Members**

|  |  |  |
| --- | --- | --- |
| **1** | **Full Name**(Mr./Mrs./Miss) |  |
| **2** | **Student Membership No. [Mandatory]** |  |
| **3** | **Permanent Address** |  |
| **4** | **NIC Number** |  |
| **5** | **Date of Birth** |  |
| **6** | **Telephone/ E-mails** |  |
| **7** | **Present Occupation** |  |
| **8** | **Office address and Contact Numbers:** |  |
| **9** | **Preferred Course Mode** (Tick one) |  |  **Online Course** |
|  |  **Hybrid Course** |

**10 Educational Qualifications [Attach Certified Photocopies of the Original]**

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| --- | --- | --- |
| **Qualification** | **Period/ Duration** | **Institution** |
|  |  |  |
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**11 Professional Qualifications (Membership of professional Organizations):**

 **[Attach Certified Photocopies of the Original]**

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Date of Obtaining Qualification** | **Professional Institution** |
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**12 Employment History (For the last five years) : [Attach Certified Photocopies of the Original Appointment Letter]**

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| --- | --- | --- |
| **Employer** | **From / To Period** | **Position Held** |
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|  |  |  |
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**13 Continuous Professional Development Activities [CPD]**

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| --- | --- | --- |
| **CPD Event** | **CPD Hours** | **Resource Persons** |
|  |  |  |
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|  |  |  |
|  |  |  |

**14 Contact Details of Two (02) Non-related Referees**

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| --- | --- | --- |
| **Name of Referee** | **Office Address** | **Contact Details [mobile number / Email]** |
|  |  |  |
|  |  |  |

**15 Declaration:**

I certify that the information and particulars given in making this application are true and accurate to the best of my knowledge

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Signature of Applicant Date: