To: The Hony. Secretary,
Institute of Quantity Surveyors Sri Lanka,
The Professional Centre, No. 275/75, 2nd Floor,
Prof. Stanley Wijesundara Mawatha,
off Bauddhaloka Mawatha,
Colombo 07

APPLICATION FOR ASSESSMENT OF PROFESSIONAL COMPETENCE

1 NAME (IN FULL) ----------

2 POSTAL ADDRESS ----------

3 Contact Details Tel: Fax Email:

4 Membership Category Graduate ☐ Registered/ Technical ☐

5 Date of Present Membership:

6 A.P.C Diary/ Log

I have submitted the above on:

I have not submitted the above to date, but I am sending same herewith

7 PARTICULARS OF SUPERVISOR

Name: ----------

Membership Number

8 A.P.C TEST FEE

I am enclosing herewith a cheque No …….. for Rs. 5,000.00 being the fee for the A.P.C cover.

I will call over at the Institute office at above address to collect the A.P.C papers.

Signature:
Name:
Date:

***delete if in applicable**