



Institute of Quantity Surveyors Sri Lanka

Graduate Membership Qualifying Examination

Application Form

Title	Mr. / Mrs. / Miss.			<i>Attach recent Passport size colour photograph</i>
Name of the Applicant				
Date of Birth			NIC Number	
Sri Lankan Passport Number (If any)				
Permanent Address in Sri Lanka		Communication Address in Sri Lanka		
Contact Number in Sri Lanka			Email Address	
IQSSL Student Membership Number (If any)			Start Date of the Membership	
Academic Qualifications				
GCE O/L (<i>Attach certified copy of results</i>)		Year		
Subject	Grade	Subject	Grade	

G.C.E. A/L (<i>Attach certified copy of results</i>)		Year	
		Z-Score	
Subject	Grade	Subject	Grade
Name of the Degree Qualification in Quantity Surveying (Attach Certified Copies of Results/ Certificates / Transcript)			
Name and Address of the Awarding University / College / Institution			
Is this degree accredited by any professional body?		Yes (Pls. state the name)	No
Duration in years			
Study Mode		Full Time / Part Time	
Start Date of the Program		Date of Award	
Overall GPA		Class	First / Second Upper / Second Lower / Pass
Number of credits required for graduation			
If you receive any exemptions from the awarding institution, please state and provide evidence			

Employment Record after Graduation (List in chronological order, Provide Certified Copies)

Name of Employer	Designation	From	To

Declaration of the Applicant

I certify that the above information is true and correct to the best of my knowledge. I also certify that certified true copies are annexed.

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Signature

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Date