



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

INCORPORATED BY AN ACT OF PARLIAMENT (ACT NO 20/2007)

APPLICATION FOR ASSESSMENT OF PROFESSIONAL COMPETENCE

1.0 NAME (IN FULL) : _____

2.0 POSTAL ADDRESS : _____

3.0 Contact Details. Tel _____ Fax _____ Email _____

4.0 Membership Category: Graduate Registered /Technical

5.0 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.

6.0 PARTICULARS OF SUPERVISOR

• Name _____

• Membership Number : _____

7.0 A.P.C. TEST FEE

I am enclosing herewith a cheque No. _____ for Rs. 5,000.00 being the fees for the A.P.C. test.

* Please forward A.P.C. paper to my postal address mentioned above, under registered 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