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 Member	ership:				
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 SUPI	PARTICULARS OF SUPERVISOR				
		Name: Membership Number				
8	A.P.C TEST FEE					
		I am enclosing herewith a conformation for the A.P.C.	cheque No	for Rs	being the fee	
		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					