

## **INSTITUTE OF QUANTITY SURVEYORS, SRI LANKA**

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SRI LANKP

# 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 Educational Qualifications [Attach Certified Photocopies of the Original]

Qualification	Period/ Duration	Institution

#### 10 Professional Qualifications (Membership of professional Organizations): [Attach Certified Photocopies of the Original]

Qualification	Date of Obtaining Qualification	<b>Professional Institution</b>

#### 11 Employment History (For the last five years) : [Attach Certified Photocopies of the Original Appointment Letter]

Employer	From / To Period	<b>Position Held</b>

### 12 Continuous Professional Development Activities [CPD]

CPD Event	CPD Hours	<b>Resource Persons</b>

#### 13 Contact Details of Two (02) Non-related Referees

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

#### 14 Declaration:

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

Signature of Applicant

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