



# INSTITUTE OF QUANTITY SURVEYORS SRI LANKA

The OPA Professional centre, No.275/75, 2<sup>nd</sup> floor, Prof. Stanley Wijesundra Mw, Colombo 07.

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## Application to follow Professional Level 1,2,3 of IQSSL for Student Members

1	Full Name (Mr./Mrs./Miss)	
2	Student Membership No. [ <b>Mandatory</b> ]	
3	Permanent Address	
4	NIC Number	
5	Date of Birth	
6	Telephone/ E-mails	
7	Present Occupation	
8	Office address and Contact Numbers:	
9	Preferred Course Mode (Tick one)	Online Course
		Hybrid Course

### 10 Educational Qualifications [Attach Certified Photocopies of the Original]

Qualification	Period/ Duration	Institution

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

Qualification	Date of Obtaining Qualification	Professional Institution

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

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

**13 Continuous Professional Development Activities [CPD]**

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

**14 Contact Details of Two (02) Non-related Referees**

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

**15 Declaration:**

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

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Signature of Applicant

Date: