



Institute of Quantity Surveyors Sri Lanka

Application for Recognition of Diploma Programmes

INSTITUTION			
Name			
Department			
Address			
Telephone		Fax	
Email			
DIPLOMA PROGRAMME			
Type	Higher National Diploma/ Higher Diploma/ Advanced Diploma/ Diploma/ Other If other please specify.....		
Name			
Mode of delivery	<input type="checkbox"/> Full time		<input type="checkbox"/> Part-time
Programme Duration			
CONTACT PERSONS			
Head of the Department/ Institution		Programme Leader	
Name		Name	
Email		Email	
Phone		Phone	
DECLARATION ON BEHALF OF THE INSTITUTION			
I hereby certify that the information provided in this form and attachments are correct to the best of my knowledge. I am authorised to make this application on behalf of the Institution, including a commitment to pay the relevant fees.			
Name			
Position	Head of the Department/ Leader of the Programme		
..... Signature	 Date	