



INSTITUTE OF QUANTITY SURVEYORS, SRI LANKA

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

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FOR OFFICE USE ONLY

Application No.

Date of Received:

APPLICATION FOR MEMBERSHIP

SECTION A – APPLICANT’S INFORMATION

1	Title:	Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Other:.....
2	Name with Initials:	
3	Full Name:	
4	Date of Birth:	
5	National Identity Card No /Passport No:	
6	Permanent Address:	
7	Country of Residence:	

8 SECTION B – COMMUNICATION DETAILS

8.1	Address (If different from above):		
	<i>Enter details where regular communications should be addressed. All correspondence will be addressed to this address, and communication to the following telephone, WhatsApp, and e-mail.</i>		
8.2	Contact Details:		
	Residence Telephone:	Mobile:	Fax:
	WhatsApp:	E-mail (Personal):	

SECTION C – EMPLOYMENT DETAILS

9	Current Organization Details:	
9.1	Name:	
9.2	Address:	
9.3	Designation:	
9.4	Office TP:	
9.5	Official Email:	
10	Employment History (<i>As per the requirement of applied membership grade</i>):	
	Period	Employer's Name & Address
		Designation/Position

SECTION D – EDUCATIONAL QUALIFICATIONS

11	Educational Qualifications (<i>Degree/Diploma/Certificate</i>):			
	Qualification	Specialization	University/Institute	Year of Award
				Duration

SECTION E – PROFESSIONAL QUALIFICATIONS

12	Professional Qualifications (<i>Membership of Professional Organizations</i>):			
	Institute	Grade of Membership	Membership No.	Year of Enrollment

SECTION F – MEMBERSHIP DETAILS

13	Grade of Membership applied for: (Please tick the relevant field)						
	Fellow <input type="checkbox"/>	Associate <input type="checkbox"/>	Graduate <input type="checkbox"/>	Technical <input type="checkbox"/>	Registered <input type="checkbox"/>	Probationary <input type="checkbox"/>	Student <input type="checkbox"/>
14	Current Grade of Membership and Number:						
	None <input type="checkbox"/>	Associate <input type="checkbox"/>	Graduate <input type="checkbox"/>	Technical <input type="checkbox"/>	Registered <input type="checkbox"/>	Probationary <input type="checkbox"/>	Student <input type="checkbox"/>

SECTION G – PUBLICATIONS (IF ANY)

15	Publications during the last five years:			
	Title of Paper	Category (Journal/ Seminar/ Conference/ Other)	Name of the Journal / Conference / Seminar / Other	If Journal - Year, Volume, and Issue If Conference/Seminar- Venue and Date

SECTION H – CURRENT EMPLOYER’S CERTIFICATION

I certify that the applicant is presently employed in this organization in the above stated capacity and is engaged in Quantity Surveying work.

Name with initials:

Designation:

Signature	Company Name	Date

SECTION J – APPLICANT’S DECLARATION

I certify that the information and particulars given by me in this application are true and accurate. I also agree that the IQSSL Governing Council is the final authority to decide on my membership application and, if selected, to fully abide by the Act, Rules, Regulations, By-laws, and code of Professional Conduct & Ethics of the IQSSL.

I, have read, checked, and completed this “Application for Membership’ as per the instructions given in **SECTION K**

Signature	Date

NOTE

Please note that if your applied membership is approved by the IQSSL Governing Council and the same membership category qualifies to be listed in the Construction Industry Development Authority (CIDA) Qualified Persons list, your name and details will be automatically listed. However, if you wish not to list your details in the CIDA Qualified persons register, please inform IQSSL by emailing iqsslmembership@gmail.com

**SECTION K – INSTRUCTIONS AND
CHECKLIST FOR COMPLETION OF APPLICATION
(To be checked by the Applicant)**

Instructions for completing Application

- Please submit *ONLY* the requested documents as below.
- When attaching the requested documents, please take clear scanned copies (resolution: 150 dpi) of certified copies (NIC copy, Service letters, certificates...etc.) in single PDF format. (The certification can be done by current Corporate Member of IQSSL, Justice of Peace, Consul of Sri Lankan Embassies, Attorney at Law, Notary Public or Solicitors).
- Application should not exceed 20 pages, and/or failure to provide any of the below-listed documents may cause delays in the processing or rejection of the application.
- Tick (✓) in front of checklist items below if completed.

Checklist for Applicants	Checked/ Done
Complete all sections of the Application Form.	<input type="checkbox"/>
Complete and sign the declaration confirming compliance with the Institute’s Act, By-Laws, Rules, and Code of Professional Conduct & Ethics for maintaining the Certified Quantity Surveyor designation, of IQSSL.	<input type="checkbox"/>
Section A -No. 05 - Attach a copy of the NIC/passport.	<input type="checkbox"/>
Section C- No. 10 – Attach service letters.	<input type="checkbox"/>
Section D- No. 11 – Attach copies of Educational Qualifications including transcript (if applicable) related to Quantity Surveying discipline	<input type="checkbox"/>
Section E- No. 12 – Attach copies of all professional organization’s memberships.	<input type="checkbox"/>

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SECTION L – VERIFICATION

SECTION L.1 – To be completed by the Administrative Staff	Checked/ OK
All sections of the Application for Membership Form were completed.	<input type="checkbox"/>
The declaration was signed and dated.	<input type="checkbox"/>
All the requested proof documents were attached in one document.	<input type="checkbox"/>
Application processing fees received (Payment Slip)	<input type="checkbox"/>
Name of the Authorized Person:	
Signature	Date

SECTION L.2 – To be completed by a Member of MAB			Checked/ OK
The proof documents were checked.			<input type="checkbox"/>
Approved the requested Membership	<input type="checkbox"/>	Rejected the requested Membership	<input type="checkbox"/>
Comments:		Comments:	
Name:			
Signature		Date	

SECTION L.2 – To be completed by the Chairperson of MAB			Checked/ OK
Approved the requested Membership	<input type="checkbox"/>	Rejected the requested Membership	<input type="checkbox"/>
Comments:		Comments:	
Name:			
Signature		Date	