



	<b>APPLICATION FOR MEMBERSHIP</b>	ISO 9001: 2015
	<b>SOP / REG / F1</b>	

**2.3 In-Plant Training (if applicable) / or any other special training in lieu of In-plant Training**

From		To		Place/ Establishment	Nature of Training
Year	Month	Year	Month		

**SECTION 3: DETAILS OF EXPERIENCE**

From	To	Institution / Establishment	Nature of Work	Designation

If the space provided is inadequate, a separate sheet may be attached.

**SECTION 4: CONTINUING PROFESSIONAL DEVELOPMENT RECORD**

Is the record attached?	Yes		No	
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**SECTION 5: DECLARATION BY THE CANDIDATE**

I hereby certify that the particulars in this application and related documents furnished by me are true and correct. I am aware that if the particulars contained herein or the related documents are found to be false or incorrect, I am liable to be disqualified before the election to the applied class of membership and for cessation after the election at any instant. Further, I am aware that the excess payments made or deposited will not be refunded by the Institution.

Date: .....

Signature of the Candidate: .....

**SECTION 6: PROPOSER & SECONDER**


We the undersigned having read and understood the stipulated conditions for eligibility of each Class of Membership have certified and initialed all documents submitted by the Applicant and propose and second..... as a person worthy of the distinction in every respect of being elected a ..... of the Institution.

**PROPOSER**

<b>Name in Block Capitals</b>	
<b>Contact Mobile Number</b>	
<b>E-mail Address</b>	

Full Signature ..... Short Signature ..... Date: .....

Membership Number					

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**SECONDER**

<b>Name in Block Capitals</b>	
<b>Contact Mobile Number</b>	
<b>E-mail Address</b>	

Full Signature ..... Short Signature ..... Date: .....

<b>Membership Number</b>									

**SECTION: 7: FOR OFFICE USE ONLY**  
(This section should not be filled by the Applicant)

(To be filled by the Executive Secretary)

(a) Date of receiving the Application & Registration Fee

<b>Application</b>										<b>Index Number</b>	
	Y	Y	Y	Y	M	M	D	D			

<b>Registration Fee</b>										<b>Amount LKR</b>		<b>Receipt Number</b>	
	Y	Y	Y	Y	M	M	D	D					

<b>Checked with Proposer</b>	
<b>Checked with Seconder</b>	

Originals of all the certificates were duly checked. The copies of the certificates submitted by the applicant are correct.

.....  
**Executive Secretary**

.....  
**Date**

(To be filled by the Chairman, Membership Committee)

(c) Date of appearance for the Competency Based Professional Review .....

(d) Recommended for the election to .....  
(Class of Membership)

(e) Date of payments Members Subscription:

										<b>Amount LKR</b>		<b>Receipt Number</b>	
	Y	Y	Y	Y	M	M	D	D					

(f) Membership Number Allotted

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Recommended by .....  
**Chairman, Membership Committee**

.....  
**Date**

Approved by the Council of Management

.....  
**President**

.....  
**Hony. Secretary**

.....  
**Council Decision Number**

.....  
**Date**

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