

SOP / REG / F1

ISO 9001: 2015

FORM NO: IIESL/MEM/01

1.7 National Identity Card Number

Student

Member

INSTITUTION OF INCORPORATED ENGINEERS, SRI LANKA ESTABLISHED IN 1977, INCORPORATED BY ACT OF PARLIAMENT (ACT NO: 64 OF 1992 & AMENDED BY CT NO:

11 OF 2000) OF DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA.

1.5 Sex

Μ

1.10 Class of Membership Applied for

No.27/B, Udumulla Road, Battaramulla

Tele: 0112 887734 Fax: 2887737 Email: iiesl@iiesl.lk Website: www.iiesl.lk

APPLICATION FOR MEMBERSHIP

(THIS FORM SHOULD BE FILLED IN BLOCK CAPITALS)

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1.2	Peri	nane	ent A	Addr	ess																		
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1.6 Civil Status

Associate Member

Companion

SECTION 2: DETAILS OF EDUCATION

1.9 Age

Permanent Address

Associate

2.1 General Education

1.4 Preferred Postal Address

Official Address

1.8 Date of Birth

From		То		School Attended	Highest Educational Level Reached		
Year	Month	Year	Month				

F

2.2 Engineering Education

From		T	o o	Institution	Course of Study	Field of Engineering
Year	Month	Year	Month	Histitution	Course or study	Field of Engineering

1

Revised Date – N / A	Revision No- 00	Issued Date - 01 / 3 / 2019
-		



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2.3 In-Pla	2.3 In-Plant Training (if applicable) / or any other special training in lieu of In-plant Training						
From		То		Place/ Establishment	Nature of Training		
Year Month		Year	Month	Flace/ Establishment	readure of Training		

Year Month Year Month Place/ Establishment Nature of Training

SECTION 3: DETAILS OF EXPERIENCE

From	То	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

PROPOSER

Name in Block Capitals	
Contact Mobile Number	
E-mail Address	

Full Signature	 Short Signature	Date:

			• 27	,		
Membership Number						

2

Revised Date – N / A	Revision No- 00	Issued Date - 01 / 3 / 2019
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(c) Date of app	pearanc	ce for	the C	Compe	tency	Based	l Prof	essic	onal	Review	-		•	
(d) Recommen				-	_					······				
(e) Date of page	yments	Mem	bers	Subsc	riptio					<u> </u>	1			
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