FORM NO: IIESL/MEM/01

INSTITUTION OF INCORPORATED ENGINEERS, SRI LANKA

ESTABLISHED IN 1977, INCORPORATED BY ACT OF PARLIAMENT (ACT NO: 64 OF 1992 & AMENDED BY ACT NO: 11 OF 2000) OF DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

No.27/B, Udumulla Road, Battaramulla **Tele: 0112 887734**

Fax : 2887737 **Email: iiesl@iie.lk** **Website: www.iie.lk**

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APPLICATION FOR MEMBERSHIP

(THIS FORM SHOULD BE FILLED IN BLOCK CAPITALS)

SECTION 1: PERSONAL DATA ABOUT THE CANDIDATE

1.1 Full Name Mr. / Miss / Mrs. / Ms. / …….

1.2 Permanent Address

Tel: Mobile email

1.3 Official Address

Tel: Mobile email

1.4 Preferred Mailing Address 1.2 1.3

1.5 Sex M F

1.6 Civil Status

1.7 National Identity Card Number

1.8 Date of Birth

Y Y Y Y M M D D

1.9 Age

1.10 Class of Membership Applied for

Companion		Student		Associate	
Associate Member		Member			

SECTION 2: DETAILS OF EDUCATION

2.1 General Education

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

2.2 Engineering Education

From		To		Institution	Course of Study	Field of Engineering
Year	Month	Year	Month			

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** ☐

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

Name in Block Capitals	

Full Signature …….. **Short Signature** ……

Membership Number						**D**	**D**	**M**	**M**	**Y**	**Y**	**Y**	**Y**

SECONDER

Name in Block Capitals	

Full Signature …… **Short Signature** ……

Membership Number						**D**	**D**	**M**	**M**	**Y**	**Y**	**Y**	**Y**

SECTION: 7: FOR OFFICE USE ONLY (*To be filled by the Executive Secretary*)

(*This section should not be filled by the Applicant*)

(a) Date of receiving the Application & Registration Fee

Application								
	D	**D**	**M**	**M**	**Y**	**Y**	**Y**	**Y**

Index No	

Registration Fee								
	D	**D**	**M**	**M**	**Y**	**Y**	**Y**	**Y**

Amount LKR	

Receipt No.	

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:

D	**D**	**M**	**M**	**Y**	**Y**	**Y**	**Y**

Amount Rs.	

Receipt No	

(f) Membership Number Allotted

Recommended by …….. ……

Chairman, Membership Committee **Date**

Approved by the Council of Management

…… …… …… ……..…

President **Hony. Secretary** **Council Decision Number** **Date**

(Council Decision: 2010-11/CM 03/01