



# Institution of incorporated Engineers, Sri Lanka.

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

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 Fax : +94 11 2637026 E-mail : iie@sltnet.lk

Membership Number					
For office use only					

## APPLICATION FOR ADMISSION TO MEMBERSHIP

This form should be filled in **BLOCK CAPITAL LETTERS**

### SECTION 1 : PERSONAL DATA ABOUT THE CANDIDATE

1.1 Name with initials Mr. / Miss / Mrs. / Ms. / \_\_\_\_\_


1.2 Full Name


1.3 Permanent Address

Tel: _____	Mobile _____	E-mail : _____

1.4 Official Address

Tel: _____	Mobile _____	E-mail : _____

1.5 Temporary Address

Tel: _____	Mobile _____	E-mail : _____

1.6 Preferred Mailing Address

1.3	1.4	1.5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.7 National Identity Card Number / Passport Number

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Note: Any changes in the above addresses, Telephone numbers, etc., should be intimated to the Institution by the applicant. All correspondences will be directed to the last given "Preferred Mailing address(1.6)".

1.8 Date of Birth

d	d	m	m	y	y	y	y	y	y

1.9 Age \_\_\_\_\_ Years

1.10 Civil Status

Single	Married
<input type="checkbox"/>	<input type="checkbox"/>

1.11 Class of Membership applied

Companion	Student	Associate	Associate Member	Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1.12 If the candidate has at any time made an application requesting for membership of the institution, Please provide details.

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### Section 2 : DECLARATION BY THE CANDIDATE

I the undersigned, agree that, I will be governed by the act of incorporation and the Bye-laws and codes & professional ethics of the Institution as they now are, or as they may hereafter be altered. I will also assist in the advancement of the objectives of the institution as far as shall be in my power. In the event of my desire to withdraw from being a member of the institution, I shall signify in writing to the Honorary Secretary of the Institution and shall also settle all outstanding dues before withdrawing my membership.

I certify that the particulars furnished by me in this application form are true & correct. I am aware that if the particulars contained herein are found to be false or incorrect, I am liable to be disqualified before election to the applied class of membership and for cessation after the election at any instant.

**Passport size photograph (Please attach your photograph separately, if you are sending the application via E mail.)**

Date : ..... Signature of Candidate : .....

### SECTION 3 : DETAILS OF EDUCATION OF THE CANDIDATE

**3.1 GENERAL EDUCATION**

FROM		TO		SCHOOL ATTENDED	HIGHEST EDUCATIONAL LEVEL REACHED (OL/AL)
yyyy	mm	yyyy	mm		

**3.2 ENGINEERING EDUCATION**

FROM		TO		UNIVERSITY/ INSTITUTION	COURSE OF STUDY	FIELD OF ENGINEERING
yyyy	mm	yyyy	mm			

**3.3 IN-PLANT TRAINING (IF APPLICABLE)**

FROM		TO		PLACE / ESTABLISHMENT	NATURE OF TRAINING
yyyy	mm	yyyy	mm		

**SECTION 4 : DETAILS OF EXPERIENCE AND SPECIAL TRAINING UNDERGONE BY THE CANDIDATE (If space not sufficient, please give details in an annexure)**

**4.1 POST QUALIFYING EXPERIENCE (RELEVANT TO ENGINEERING TECHNOLOGY)**

**Please indicate your experience details commencing from the present place of work**

FROM	To	INSTITUTION/ ESTABLISHMENT	NATURE OF WORKDONE	DESIGNATION

4.1 Contr. On Page 3

4.1 Contd. from Page 2

FROM	TO	INSTITUTION/ ESTABLISHMENT	NATURE OF WORKDONE	DESIGNATION

**4.2 SPECIAL TRAINING (IN SERVICE)**

FROM		TO		INSTITUTE / ESTABLISHMENT	NATURE OF TRAINING
yyyy	mm	yyyy	mm		

**SECTION 5 : OTHER QUALIFICATIONS**

FROM		TO		DEGREE / DIPLOMA / CERTIFICATE, MEMBERSHIP OF PROFESSIONAL ORGANIZATIONS ETC.		
yyyy	mm	yyyy	mm	COLLEGE / UNIVERSITY / INSTITUTE	COURSE OF STUDY	FIELD OF SPECIALIZATION

I certify that particulars given in section 3.1 to 5 are true & correct.

Registration Fees, Copies of Certificates, Engineering Experience Reports & other documents as per the sheet "Instructions to applicant" (IIESL Form - 05) are enclosed in support of my application.

Date .....

Signature of Candidate .....

**SECTION 6 : PROPOSERS**

**Notes for the Guidance of proposers**

In addition to complying with the basic requirements of the candidate, it is necessary, for all the classes - for the proposers to satisfy and to recommend to the institution that the candidate is up to the standard for the proposed class for consideration. Before signing you are requested to help the candidate by ensuring he/she has represented his/her case to the best advantage and provided adequate information

We the undersigned having read the particulars on this form, and from personal knowledge of the applicant propose Mr./Mrs./Miss/ \_\_\_\_\_ as a person in every respect worthy of the distinction of being elected a \_\_\_\_\_ of the Institution. We hereby attest to the accuracy of the information given under 3.2, 3.3, 4.1, 4.2, 5.0

(Proposer 1)

Name in Block capitals

(Full Signature)

(Membership Number)     D D M M Y Y Y Y     (Signature Initials)

(Proposer 2)

Name in Block capitals

(Full Signature)

(Membership Number)     D D M M Y Y Y Y     (Signature Initials)

**SECTION 7 : FOR OFFICE USE ONLY**

Index No.

(a) Date of receiving the application  D D M M Y Y Y Y

Date of receiving Registration fee  D D M M Y Y Y Y    Amount     Receipt No.

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

D D M M Y Y Y Y

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Executive Secretary

(c) Date of Entrance Examination /tacken / appeared for the professional Review Thesis accepted ]  D D M M Y Y Y Y

(d) Recommended for the election as a/an -----  
(Class of Membership)

(e) Details of payments Membership subscription :  D D M M Y Y Y Y    Amount     Receipt No.

(f) Membership number allocated

(g) Recommended by : -----  
Chairman / Membership Committee     D D M M Y Y Y Y

(H) Approved by the Council of Management

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Hony. Secretary / Executive Secretary    President     D D M M Y Y Y Y