**EDU-FO-01 THE INSTITUTION OF ENGINEERS, SRI LANKA**

120/15, Wijerama Mawatha, Colombo 7, Sri Lanka

Website: [www.iesl.lk](http://www.iesl.lk)

**APPLICATION FOR EVALUATION OF ENGINEERING DEGREES / QUALIFICATIONS**

**FOR THE ASSOCIATE MEMBERSHIP OF THE INSTITUTION OF ENGINEERS, SRI LANKA**

**1. Applicant’s Information:**

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Salutation: (Mr. / Ms. / other)

Full name of the applicant:

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| --- |
|  |

Date of Birth: (DD/ MM / YEAR) Gender: Male/ Female

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National Identity Card number: Passport number:

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Contact Information:

Postal Address:

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Email

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Mobile:

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Employment details:

Name of the organization:

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Address:

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**2. Name of the Engineering specialization field that you wish to obtain the Associate Membership:**

*(Please select from the list of Annexure 1)*

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**3. IESL entry requirement** - Results of the GCE (A/L) examination in a single sitting (one and the same sitting):

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| --- | --- | --- | --- | --- |
| Name of Examination | Year of Examination | Offering  Country | Subject | Grade |
|  |  |  |  |  |
|  |  |
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*(Note: Please visit for details on IESL entry requirement:* [*http://www.iesl.lk/A/L-Entry-Requirement*](http://www.iesl.lk/A/L-Entry-Requirement)*)*

**4. Academic qualifications obtained in chronological order:**

Please provide the details of **EACH** academic program (Diploma and above) in the format given below

(Attach copies of certificates, transcripts, curriculum, syllabi, Project reports and training reports).

|  |  |  |
| --- | --- | --- |
| Academic Qualification |  | |
| Specialization |  | |
| Entry Requirement |  | |
| Course Duration |  | |
| Date of Registration (DD/MM/YEAR) |  | |
| Date of Graduation (DD/MM/YEAR) |  | |
| Full time or Part time |  | |
| Awarding Body |  | |
| Name & address of the University/College of study |  | |
| Country of Study |  | |
| Name of any authority that has accredited, or recognized the Program |  | |
| Total no. of Credits required to obtain the qualification |  | |
| No. of Credits exempted on prior qualifications |  |
| No. of Credits actually earned in the course |  |

1. **Memberships in professional bodies:**

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Body | Membership Class | Membership Number | Date of Membership |
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|  |  |  |  |

6. Attach a set of copies of the following documents. Please produce the original documents when submitting the dully completed application form for verification purposes. Please ensure to collect the originals after the IESL officials verified the originals with copies submitted.

|  |  |  |  |
| --- | --- | --- | --- |
| I submitted the following documents with the duly completed application form: | Mark (x) | | |
| Copy of the Birth Certificate |  |  |  |
| Copy of the National Identity Card |  |  |  |
| Copy of the Passport (applicable for those who completed the academic qualifications outside Sri Lanka) |  |  |  |
| Copy of the GCE (A/L) Examination Results Sheet |  |  |  |
| Copies of Academic Certificates and Transcripts of the qualifications listed above |  |  |  |
| Project Reports |  |  |  |
| Training Reports |  |  |  |
| Curriculum / Syllabi |  |  |  |
| Past Examination Papers |  |  |  |
| University Handbook |  |  |  |
| Proofs on memberships in professional bodies (if applicable only) |  |  |  |
| Confirmation of the evaluation payment |  |  |  |

I certify that the information provided above is true and accurate to the best of my knowledge. I am aware that my application will be rejected if found to contain fraudulent information while processing, or my membership will be withdrawn if found afterwards. I agreed to provide additional details when and where requested by the IESL for assessing my application.

Date: (DD/ MM / YEAR) Signature:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Office Use Only** | |
| Name of the officer accepted the application & verified the documents submitted with originals: | Date:  Signature: |
| **Name of the officer accepted the payment:** | **Date:** |
| **Amount Received: Rs.5,500/=** | **Receipt Number:** |

|  |  |
| --- | --- |
| Direct confirmation from the University (in a sealed envelope) (……… /.……../……………) | |
| Confirmation Letter | Degree Certificate (optional) |
| Transcript | Confirming of Washington Accord Accreditation  (applicable for WAA degree programmes only) |
| Recommendations/ comments regarding acceptability : |  |
| Any other relevant observations |  |

Name of the Evaluator: ………………………………………………………………………………………………….

Signature: ………………………….................................. Date: ………………………………………………..

**ANNEXURE 1**

**FIELDS OF ENGINEERING SPECIALIZATIONS**

1. Aeronautical Engineering
2. Agricultural Engineering
3. Automotive Engineering
4. Biomedical Engineering
5. Building Services Engineering
6. Chemical Engineering
7. Civil Engineering
8. Computer Engineering
9. Electrical and Electronic Engineering
10. Electrical Engineering
11. Electronics and Telecommunications Engineering
12. Electronics Engineering
13. Marine Engineering
14. Materials Science and Engineering
15. Mechanical Engineering
16. Mechatronics Engineering
17. Mining Engineering/Earth Resources Engineering
18. Production Engineering
19. Telecommunication Engineering
20. Textile Engineering