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| <b>CONSTRUCTION INDUSTRY DEVELOPMENT AUTHORITY, SRI LANKA</b>  |
| <b>APPLICATION FOR REGISTRATION AS A QUALIFIED PERSON</b>  |
| <p><b>Instructions:</b></p> <p>1. This is applicable only for citizens of Sri Lanka who are not members of the local professional institute/board of registration established by Act of Parliament.</p> <p>2. Applicants are requested to read carefully the attached "Notes to Applicants" before filling up this form</p> <p>3. Please use block letters</p> |

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| <b>A : DISCIPLINE, CATEGORY AND AREA OF SPECIALITY OF QUALIFIED PERSON APPLIED FOR</b>   |  |
| <p>* <b>Discipline</b></p> <p><input type="checkbox"/> Engineering      <input type="checkbox"/> Architecture      <input type="checkbox"/> Quantity Surveying</p>   |  |
| <p>* <b>Sub discipline in Engineering:</b></p> <p><input type="checkbox"/> Civil    <input type="checkbox"/> Electrical    <input type="checkbox"/> Mechanical    <input type="checkbox"/> Building Services    <input type="checkbox"/> Any other, Please specify</p>   |  |
| <p>* <b>Category</b></p> <p><input type="checkbox"/> Engineer    <input type="checkbox"/> Associate Engineer    <input type="checkbox"/> Affiliate Engineer    <input type="checkbox"/> Incorporated Engineer    <input type="checkbox"/> Engineering Diplomat</p> <p><input type="checkbox"/> Architect      <input type="checkbox"/> Quantity Surveyor</p> |  |
| <p>* <b>Area of Speciality</b></p> <p><input type="checkbox"/> Designing    <input type="checkbox"/> Documentation    <input type="checkbox"/> Supervision    <input type="checkbox"/> Any other, Please specify</p>   |  |

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| <b>PART A. APPLICANT'S INFORMATION</b> |
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|                              |  |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
|------------------------------|--|--------------|----------|---|---------------|------------------------|--------|---|---------------|------|--------|---|---|---|---|---|
| <b>A-1: PERSONAL DETAILS</b> |  |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
| 1                            | Name with Initials                             |              |          |   |               |                        |        |   | <b>Gender</b> | Male | Female |   |   |   |   |   |
|                              | 2  | Name in Full |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
| 3                            | Nationality                                    |              |          |   | Date of Birth | D                      | D      | M | M             | Y    | Y      | Y | Y | Recent Photo of the Applicant<br>size 35mm X 45mm |   |   |
|                              | 4  | Identity     | Passport |   |               | National Identity Card |        |   |               |      |        |   |   |   |   |   |
|                              |  | Number       |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
|                              | Country of Issue                               |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
|                              | Date of Issue                                  | D            | D        | M | M             | Y                      | Y      | Y | Y             | D    | D      | M | M |   | Y | Y |
| Expiry Date of Passport      | D  | D            | M        | M | Y             | Y                      | Y      | Y |               |      |        |   |   |   |   |   |
| 5                            | Profession                                     |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
| 6                            | Permanent Address                              |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
|                              |  |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
| 7                            | Contact Address                                |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
|                              | Tele (Office)                                  |              |          |   |               |                        | Mobile |   |               |      |        |   |   |   |   |   |
|                              | Tele (Home)                                    |              |          |   |               |                        | Fax No |   |               |      |        |   |   |   |   |   |
|                              | e-mail:  |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
|                              |  |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
| 8                            | <b>Name of Present Employer (if employed):</b> |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
|                              | Company Address                                |              |          |   |               |                        |        |   |               |      |        |   |   |   |   |   |
|                              | Tele   |              |          |   |               |                        | Fax No |   |               |      |        |   |   |   |   |   |
|                              | Mobile   |              |          |   |               |                        | e-mail |   |               |      |        |   |   |   |   |   |

**A-2: ACADEMIC QUALIFICATIONS** (*Degree/Diploma, Institute & Year received*)

|   |  |                         |   |  |                |                            |
|---|--|-------------------------|---|--|----------------|----------------------------|
| 9 | <b>Title of the Degree/Diploma including discipline:</b> | <b>Duration (Years)</b> | <b>Name of University/Academic Institute:</b> | <b>Certified copies of transcripts</b> | <b>Country</b> | <b>Year of Graduation:</b> |
|   |  |                         |   |  |                |                            |
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|   |  |                         |   |  |                |                            |

**A-3: PROFESSIONAL QUALIFICATIONS AND MEMBERSHIPS**

**10 Membership of Relevant Professional Institutions:**

| Name of Institution | Member Status and Affiliation | Membership or Registration No | Date Registered and Validity Period |   |   |   |   |   |   |   |  |
|---------------------|-------------------------------|-------------------------------|-------------------------------------|---|---|---|---|---|---|---|--|
|                     |                               |                               | D                                   | D | M | M | Y | Y | Y | Y |  |
|                     |                               |                               |                                     |   |   |   |   |   |   |   |  |
|                     |                               |                               |                                     |   |   |   |   |   |   |   |  |
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|                     |                               |                               |                                     |   |   |   |   |   |   |   |  |

**11 Membership of Relevant Academic/other Societies:**

| Name of Academy/other Society | Member Status | Membership No | Date enrolled |   |   |   |   |   |   |   |  |
|-------------------------------|---------------|---------------|---------------|---|---|---|---|---|---|---|--|
|                               |               |               | D             | D | M | M | Y | Y | Y | Y |  |
|                               |               |               |               |   |   |   |   |   |   |   |  |
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**A-4: LANGUAGE PROFICIENCY** ;(*Select from; E:Excellent/ G:Good/ F:Fair/ N:Nil and enter in relevant box*)

|    |                 |                |                |              |                          |                          |                          |
|----|-----------------|----------------|----------------|--------------|--------------------------|--------------------------|--------------------------|
| 12 | <b>Language</b> | <b>English</b> | <b>Sinhala</b> | <b>Tamil</b> | <b>Other/1 (Specify)</b> | <b>Other/2 (Specify)</b> | <b>Other/3 (Specify)</b> |
|    | Reading         |                |                |              |                          |                          |                          |
|    | Writing         |                |                |              |                          |                          |                          |
|    | Speech          |                |                |              |                          |                          |                          |

**PART B. APPLICANT'S PROFESSIONAL EXPERIENCE**

**B-1: EMPLOYMENT RECORD OF LAST TEN (10) YEARS:** (*Please use additional A4 size sheets if necessary*)

| Period<br>(from - to) | Position Held | Details of the Employer & Project | Responsibilities: |
|-----------------------|---------------|-----------------------------------|-------------------|
|                       |               |                                   |                   |
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**B-2: RELEVANT WORK EXPERIENCE OF LAST TEN (10) YEARS**

List of relevant past experience: *(Please start with the latest assignment. Use additional A4 size sheets if necessary)*

| Period<br>(from - to) | Details of the<br>Project | Details of Supervising<br>Professional's including<br>Contact Details | Brief Description of the<br>Assignment | Responsibilities: |
|-----------------------|---------------------------|---|--|-------------------|
|                       |                           |   |  |                   |
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**LIST OF ATTACHMENTS (e.g. certified copies of certificates, original of the receipt for the payments)**

- 1
- 2
- 3
- 4
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- 6

**PART C: UNDERTAKING TO BE SIGNED BY THE APPLICANT**

I, **being a Citizen of Sri Lanka**, hereby apply for Registration as a Qualified Person to be engaged in the Identified Construction Works defined under Section 67 of the Act and as required under Section 26. Register of Qualified Persons of the CONSTRUCTION INDUSTRY DEVELOPMENT Act No. 33 of 2014.

I confirm that I am a current member of the professional body/ies as declared by me in Section A-3 and that I have a valid permit to practice in the sub disciplines of my competence declared herein.

I confirm that, in the event of my acceptance, I will discharge my professional duties within the regulations and the rules of professional conduct prescribed by the Institution of Engineers Sri Lanka/Sri Lanka Institute of Architects/ Institute of Quantity Surveyors, Sri Lanka.

I will also accept as final and binding, any decisions made by the Construction Industry Development Authority, Sri Lanka.

If I am granted registration, I shall abide by the laws and regulations of the Democratic Socialist Republic of Sri Lanka.

I declare that I do not have any involvement or interest that is considered to be in real or apparent conflict with the duties to be performed in the duties concerned. I affirm that all information given above are true and accurate.

|                        |      |       |  |  |  |  |  |  |  |  |  |
|------------------------|------|-------|--|--|--|--|--|--|--|--|--|
| Name                   |      | Date: |  |  |  |  |  |  |  |  |  |
| Signature of Applicant | Seal |       |  |  |  |  |  |  |  |  |  |

**Notes to Applicants**

- 1 Please ensure that the relevant Criteria for Registration as specified by the CIDA are satisfied by you for the category that you are applying for.
- 2 Please send your application form and all accompanying documents to the following address:  
**Director General**  
**CONSTRUCTION INDUSTRY DEVELOPMENT AUTHORITY**  
**"Savsiripaya"**  
**123, Wijerama Mawatha**  
**Colombo 07**  
**SRI LANKA**
- 3 Please note that non submission of required supporting documents may cause delays in processing.
- 4 Please make the prescribed payments and submit a copy of the Receipt/ Statement of Remittance with your application.
- 5 For speedy processing and integrating your information into the Register, please submit also a digital copy of your application
- 6 If any additional information is required after preliminary screening, applicant will be informed.
- 7 Application, if found to be not in order, will be rejected and the applicant will be informed accordingly.
- 8 Approximately six (6) weeks would be taken for processing of applications by CIDA.
- 9 Originals of documents to be produced together with the application for verification or copies to be certified by an Attorney at Law in the relevant country.
- 10 Persons recommending any applications are required to verify the qualifications and experience of such applicant prior to recommending.
- 11 The applicant may consult the relevant professional body, Institution of Engineers Sri Lanka/Sri Lanka Institute of Architects/ Institute of Quantity Surveyors, Sri Lanka. and obtain information related to accredited courses of study, professional qualifications etc.