



THE NIGERIAN INSTITUTE OF QUANTITY SURVEYORS

No. 20, 4th Avenue (Sa'adu Zungur Avenue), Gwarinpa P.O Box 10689 Garki, Abuja.

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2 Passport
Photographs

APPLICATION FOR TEST OF PROFESSIONAL COMPETENCE EXAMINATION (GDE-REFERRAL CANDIDATE)

NOTE* This is a fill in form that requires all the asterisk (*) part to be completed online before printing

1.0 PERSONAL DETAILS

1.01 SURNAME _____ TITLE _____ *

1.02 OTHER NAMES _____ *

1.03 TELEPHONE NO _____ EMAIL _____ *

1.04 POSTAL ADDRESS _____ *

1.05 PREFERRED EXAM. CENTRE _____ *

1.06 DATE OF BIRTH _____ NATIONALITY _____ *

1.07 MEMBERSHIP NO _____

2.00 DETAILS OF REFERENCE

2.01 Particulars of the Examination at which the Candidate first recorded the Reference (s):

NO	EXAMINATION NUMBER	YEAR	EXAMINATION CENTRE	SUBJECT(S)

2.02 Particulars of the Examination last attempted:

NO	EXAMINATION NUMBER	YEAR	EXAMINATION CENTRE	SUBJECT(S)

2.03 Entry for Current Examination

NO	EXAMINATION NUMBER	YEAR	EXAMINATION CENTRE	SUBJECT(S)

3.00 EMPLOYER'S OR SPONSOR'S DECLARATION

NOTE: This section is to be completed by the Applicant's Employer or Sponsor who should be professionally qualified Members of the Institute, a Fellow or Corporate Member of not less than 5 years.

- 3.01 Name of employer or Sponsor (BLOCK LETTERS).....
- 3.02 Business Address
- 3.03 Nature of Business
- 3.04 Position of Applicant
- 3.05 Date of Employment.....
- 3.06 Signature..... Date

4.00 DECLARATION:

I declare that to the best of my knowledge, the particulars given by me and the applicant are true and correct.

Sponsor's Name.....

Signature..... Date.....

5.00 CONDITIONS:

- 5.01 The Institute cannot enter into correspondence in connection with the examination results nor will it state reasons for any decision made with reference to the examinations.
- 5.02 Only financial members of the Institute will be allowed to sit or sponsor candidate for the examination
- 5.03 The examination will be set on the basis of the syllabi published by the Institute and the applicant is expected to familiarize him/herself with them.
- 5.04 The full examination fee must be enclosed while returning the duly completed application form to the Secretary General N.I.Q.S. No 20, 4th Avenue (Sa'adu Zungur Avenue) Gwarinpa Abuja.

6.00 EXAMINATION COMMUNICATION OFFENCE:

Except in the case of examination fraud that is supported by documentary evidence, the Institute will not entertain any communication with examination candidates in respect of the outcome of examination results. Any such communication will attract suspension from future examinations.

7.00 At any point in time that any false information is detected in any documentation, it will lead to the cancellation of examination application, result and ultimately withdrawal of certificate.

8.00 DECLARATION

I declare that the particulars given on this form are true and correct and that I will abide by the Rules and Regulations governing the Institute's Examination. **A remittance of N30, 000.00 is hereby enclosed via FIRST BANK OF NIGERIA PLC ACCOUNT NO 100052178 with teller no**

Applicant's Signature.....Date:.....

Note:

- 1. Photocopies of certificate (item 2.01-2.02 above) must be submitted along with this Application Form
- 2. Any form not adequately or correctly filled will be rejected
- 3. Examination Fee is non-refundable.

FOR OFFICE USE ONLY

- a) Date application was received.....
- b) Examination Fee received (Yes/No).....
- c) Application approved/rejected.....
- d) Sponsor's financial Position i) Good ii) Not acceptable **Thick as appropriate**
- e) Examination number allocated.....
- f) Centre.....
- g) Result.....
- h) Processing Officers Signature.....Date.....
- i) Chief Examiner's Signature.....Date.....

STATE CHAPTER CHAIRMAN/SECRETARY

Name..... Date.....
State Signature.....
Tel..... Designation.....
Email.....