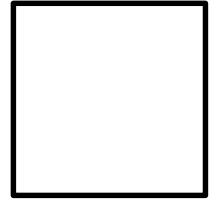




THE NIGERIAN INSTITUTE OF QUANTITY SURVEYORS

APPLICATION FOR TEST OF PROFESSIONAL COMPETENCE INTERVIEW (PCI-CANDIDATE)



(Please use block capitals and complete in black ink only)

1. PERSONAL DETAILS

FULL NAME: _____
(SURNAME) (FIRST NAME) (LAST NAME)

DATE OF BIRTH: _____

CHAPTER: _____

TELEPHONE (OFFICE): _____

MOBILE: _____

EMAIL ADDRESS: _____

POSTAL ADDRESS: _____

NIQS MEMBERSHIP NO: _____

CENTRE: ABUJA ENUGU LAGOS

2. O'LEVEL SUBJECTS RESULT (5 CREDITS FROM WAEC/NECO/NABTEB) *

SUBJECTS (MANDATORY)	GRADE	SUBJECTS (ANY TWO MINIMUM)	GRADE	SUBJECTS	GRADE
ENGLISH LANGUAGE		CHEMISTRY		GEOGRAPHY	
MATHEMATICS		FURTHER MATHS		TECHNICAL DRAWING	
PHYSICS		ECONOMICS		BIOLOGY	
		COMMERCE			

3. EDUCATION: (Please list all academic qualification(s) and attach photocopies of certificate(s)). For each qualification, please indicate if you studied for the full duration of the course or whether you gained advanced entry to the course. If you gained advanced entry, which year of the course did you enter at (e.g. year 3 of a possible 5)?

UNIVERSITY/INSTITUTION (PLEASE INCLUDE COUNTRY)	DEGREE/DIPLOMA NAME	DATE COMPLETED



3. MEMBER OF ANY OTHER PROFESSIONAL ORGANISATION(S): (IF IT APPLIES)

NAME OF ORGANISATION	GRADE	HOW MEMBERSHIP WAS ACHIEVED (E.G. EXAMINATION)	YEAR OBTAINED

4. MEMBER OF ANY OTHER PROFESSIONAL ORGANISATION(S): (IF IT APPLIES)

NAME OF ORGANISATION	CURRENT GRADE OF MEMBERSHIP	DATE REGISTERED/ELECTED
The Nigerian Institute of Quantity Surveyors		
Other Professional Bodies		
a)		
b)		
c)		

5. PARTICULARS OF TPC EXAMINATION (Attach copies) *

Year	Examination Number	Centre	Result
	LOG BOOK		

6. PROFESSIONAL EXPERIENCE:

(Please list all employer details to date, starting with the most recent, going back at least 10 years if needed.)

Employer's Name and Address	Position held and dates	Duties

7.0 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.

7.1 Name of employer or Sponsor (BLOCK LETTERS).....

7.2 Business Address.....

7.3 Nature of Business..... of

7.4 Position of Applicant.....

7.5 Date of Employment..... of

7.6 Brief details of employer's/sponsor's knowledge of applicant's experience and professional responsibilities (use separate sheets if necessary):



8.0 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.....

9.0 **CONDITIONS:**

9.1 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.

9.2 Only financial members of the Institute will be allowed to sit or sponsor candidate for the examination.

9.3 The full examination fee must be enclosed while returning the duly completed application form to the Secretary General N.I.Q.S. No 84, 4th Avenue (Sa'adu Zungur Avenue) Gwarinpa, Abuja.

10.0 **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.

11.0 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.

12.0 **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 N..... is enclosed.

Applicant's Signature..... Date:

Note: 1. Photocopies of certificate (item 2.01-2.02 and 3.03 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

4. Evidence of payment to be attached

FOR OFFICE USE ONLY

a) Date application was received.....

b) Interview Fee received (Yes/No).....

c) Application approved/rejected.....

d) Sponsor's financial Position i) Good ii) Not acceptable Thick as appropriate

e) Centre.....

f) Result.....

g) Processing Officers Signature.....Date.....

h) Chief Examiner's Signature.....Date.....

STATE CHAPTER CHAIRMAN/SECRETARY

Name..... Date.....

State Signature.....

Tel..... Designation.....

Email.....

