



THE NIGERIAN INSTITUTE OF QUANTITY SURVEYORS

No. 84, 4th Avenue (Sa'aduZungur Avenue), Gwarinpa P.O Box 10689 Garki, Abuja.
Telephone: 08028303346, 09-7808307
Liaison Office "Victor Akan House" 17/19 Idowu Taylor Street, Victoria Island, Lagos. Email:
info@niqs.org.ng, mails.niqs@gmail.com, web-portal: www.niqs.org.ng

2 Passport
Photographs

APPLICATION FOR TEST OF PROFESSIONAL COMPETENCE EXAMINATION (TPC-FULL 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 _____ *
- 1.4 POSTAL ADDRESS _____ *
- 1.5 PREFERRED EXAM. CENTRE _____ *
- 1.06 DATE OF BIRTH _____ NATIONALITY _____ *
- 1.7 MEMBERSHIP NO _____

2.0 EDUCATION DETAILS

	NAME OF INSTITUTIONS ATTENDED	YEAR OF ENTRY	YEAR OF LEAVING	CERTIFICATE/DIPLOMA/DEGREE OBTAINED
2.01	SECONDARY SCHOOL			
2.02	HIGHER INSTITUTION(S) ATTENDED POLYTECHNIC, UNIVERSITY ETC.			

3.0 **PROFESSIONAL DETAILS**

PROFESSIONAL BODY	CURRENT GRADE OF MEMBERSHIP	DATE REGISTERED/ELECTED
3.1 The Nigerian Institute of Quantity Surveyors		
3.2 Other Professional Bodies:		

3.3 **Particulars of the last Examination**
(If any)

YEAR	EXAMINATION NUMBER	CENTRE

3.4 Professional Experience in the last two years (use separate sheet if necessary):

EMPLOYER'S NAME AND ADDRESS	POSITION HELD AND DATES	DUTIES PERFORMED

4.0 **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.

4.1 Name of employer or Sponsor (Block Letters).....

4.2 Business Address.....

4.3 Nature of Business.....

4.4 Position of Applicant.....

4.5 Date of Employment.....

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

4.7 DECLARATION BY THE SPONSOR:

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.....

5.0 CONDITIONS:

5.1 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.

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

5.3 Candidates applying of this examination must have a minimum of two years' experience after graduation (inclusive of NYSC service year), completed and passed logbook and diary assessment (Stage 2).

5.4 The Examination will be set on the basis of the syllabi published by the Institute and the applicant is expected to familiarize himself/herself with them.

5.5 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'aduZungur Avenue) Gwarinpa Abuja..

6.0 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.

7.0 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.

8.0 DECLARATION

I declare that the particulars given on this form are true and correct, and that I will abide to the Rules and Regulations governing the Institute's Examinations. **A remittance of N35,000.00 is hereby enclosed via FIRST BANK OF NIGERIA PLC ACCOUNT NO 100052178 with teller no**

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

- Note: 1. Photocopies of certificates (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.

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.....