



THE INSTITUTION OF FIRE ENGINEERS -SRI LANKA (IFESL)

No. 172, 2nd Floor, Metro Shopping Complex, Kirillawala, Kadawatha.

Tel/Fax: 033-2236255; E-mail: ifeseecretary.slbranch@hotmail.com; Web: www.ifesl.lk

APPLICATION FOR LOCAL BRANCH STUDENT MEMBERSHIP

Note: This local branch student membership has been introduced to encourage the students to enroll in fire engineering studies. However, we always encourage students to get U.K membership too. Beyond the student membership level, no membership categories are available without combine with IFE-UK

Please enclosed all relevant certified copies of certificates and may use separate sheets if the given spaces are not sufficient to provide relevant details.

1. Name in Full :

2. Name with Initials :

3. Date of Birth :

4. NIC number : Date of issue :

5. Home Address :

:

:

Telephone : Mobile :

E-mail :

6. Business Name :

Address :

:

:

Designation :

Telephone : Mobile :

E-mail :

Address to which correspondence is to be sent – please tick one.

Business :

Home :

8. IFE Examination. - *Please give details of IFE examinations held*

Examination	Subject	Date Passed
1
2
3
4

9. Academic and Other professional qualification

Please give details of such qualifications you hold - Remember to enclose validated photocopies of all certificates

Qualification	University/Institution	Date of Award
1
2
3

10. Professional, Engineering and/or Scientific Membership Institution

If you hold any such memberships complete the details below and enclose validated copies of all certificates

Name of Institution	Class of Membership	Membership No.
1
2

11. Fire related training

Training Institute	Name of Course	Duration	Start Date
1
2
3

12. Experience or Past Employment

Company Name	Designation	Duration	Contact Numbers
1
2
3

13. Present Employment :

Designation/Job Title :

Date of Appointment :

Details of work responsibilities, etc. – Please state below full details of your work and responsibilities, particularly those relating to fire engineering.

.....

.....

.....

.....

.....

Certified by head of current employer

Name :

Designation :

Signature : Date & Stamp

14 Declaration

I do hereby to declare that above mentioned details are true and correct according the best of my knowledge.

.....
Date

.....
Signature of the Applicant

15. Non-related Referees. *Please give contact details of two non-related referees*

Referee 01

Referee 02

Name : :

Company : :

Designation : :

Contact no. : :

For official use only

A. Date received :

B. Date of payment :

C. Amount Paid :

D. Date submission for approval :

Declaration of Membership committee,

We checked the content of the application and we do here by declare that above mentioned details are true and correct according to the best of our knowledge.

Approved the Application : Yes No Membership Number :

.....
Name of Head of the Membership Committee

.....
Signature & Date