



Please Fill the details about one of your batch partner (contact for emergency moment)

Name (Mr/Mrs/Miss) : .....

Telephone numbers : 01. .... 02. ....

E-Mail address : .....

**3. APPLICANT'S OTHER INFORMATION**

Educational Background

LEVEL	✓	Institution	Year of completion
Degree			
Msc			
Phd			
chartered			
Other			

Other : CCNA/CIMA/AAT/HRM/IELTS ect....

**4.MEMBERSHIP**

I'm already Member of below Association (Please "✓" the appropriate cage)

Association	Student Member	Associate	Companion	Affiliate Member	Associate member	Member
IESL						
IIESL						
IEEE						
IAESL						
ASHRAE						
ACESL						

**4. APPLICANT'S WORKING INFORMATION**

Current Working Details

Working Place	Designation	Date Start

Working History

Working Place	Designation	Start year	End year

I .....( NAME OF THE APPLICANT ) the undersigned, certify that the information provided above by me is true and that, in the event of my admission as a member of the HINEDA, Sri Lanka will be governed by the By-laws, regulations and rules of the Institution as they now are, or as they may hereafter be altered; and that I will advance the objects of the Institution as far as shall be in my power.

Signature (required)

Provide the signature inside of space allocated

DD : MM : YYYY

Date