



Higher National

HINEDA	
Engineering Diplomats' Association	

	MEMBERSH	IP APPLI	CATIO	N F	ORM					
4 ADDUCANTIC DEDCC	INCORNATION									
1. APPLICANT'S PERSONAL	LINFORMATION									
Mr. N	As.	Mr	s.			Oth	er. (
Full Name:										
Gender M	ale :		Fer	nale :						
NAME PRINTED ON MEMB	ER CARD (Emboss	sing Name)								
(Use Block capitals Provaide space	between two wards)									
NIC/Driving License/Passport	No.									
Date of birth		D D	M	M		YYY	Υ	\neg		
			lo	A 1.1						
Home Address:			the hor			commu	nication	if differe	nt from	
				iic aac						
Office Address :										_
Office Address .										
Telephone	Mobile:				Home	:				=
Office:	,				Home					
E-Mail address:										
E-Mail address:										
2. HNDE DETAILS										
Register Number :]		Year					\neg
(required)			1		1					
Civil Engineering	Electrical & E	lectronic Eng	gineering	L		Mecha	nical En	gineering	<u>L</u>	
Highway & Railway Engineering	Power Electri	cal Engineer	ing			Refrige Engine	ration & ering	& A/C		
Building & Structural Engineering	Electronics & Engineering	Telecommur	nication			Autom	obaile E	ngineerin	g [
Water Supply & Waste	Hardware & N	Networking				Produc	tion En	gineering		
Treatment Engineering	Engineering					Marino	Engine	ering	_	\neg
									_	
Quantity Surveying					Buildin	ıg Servi	ces Eng	ineering	L	J

Please Fill th	e details about one	e of your bat	ch partner (contact for e	mergei	ncy moment)	
	Irs/Miss) :						
Telephone nu	ımbers : 01			02			
E-Mail addres	is :						
3. APPLICAI	NT'S OTHER INFOR	MATION					
Educational	Background						
LEVEL	✓		Instituti	on		Year of c	ompletion
Degree							
Msc							
Phd							
chartered							
Other							
Other CCN	^ /CINAA /A AT/HDNA	/IFI TC oct					
Other: CCM	A/CIMA/AAT/HRM/	rieurs ect					
4.MEMBERS	HID						
	ember of below Asso	ciation (Plea	se "√" the an	propriate cage)		
Association	Student Member	Associate	Companion	Affiliate Member	Associate member		Member
IESL				Weinber			
IIESL							
IEEE							
IAESL							
ASHRAE							
ACESL							
4. APPLICAI	 NT'S WORKING INF	ORMATION					
Current Wor	king Details						
Working Place				D	esigna	tion	Date Start
Working His	torv						
- 0 -	•		D ₀	aiamatiam		Chambusan	Fudues
	Working Place		De	signation		Start year	End year
							
I				(NAME O	F THE A	APPLICANT) the	e undersigned,
certify that t	he information pro	vided above	by me is tru	e and that, in	the ev	ent of my adm	ission as a member
of the HINE	DA, Sri Lanka will be	e governed l	by the By-law	s, regulations	s and r	ules of the Inst	itution as they now
are, or as the	ey may hereafter b	e altered; ar	nd that I will a	advance the c	bjects	of the Instituti	on as far as shall be
in my power							
						DD: M	M: YYYY
Si	gnature (required)					D	ate

Provide the signature inside of space allocated