

THE BOARD OF QUANTITY SURVEYORS MALAYSIA

APPLICATION FOR ALTERNATIVE ROUTE FOR REGISTRATION AND ASSESSMENT OF PROFESSIONAL EXPERIENCE REQUIRED FOR REGISTRATION WITH THE BOARD OF QUANTITY SURVEYORS MALAYSIA UNDER SECTION 10(2)(C) OF THE QS ACT BY QUANTITY SURVEYORS WORKING IN PUBLIC INSTITUTIONS OF HIGHER LEARNING

1. PERSONAL PARTICULARS

Mr./ Mrs./ Miss * : _____

Title (eg: Dr./Associate Professor/Professor *) : _____

Address : _____

_____ Postcode : _____

Telephone : Office: _____ House: _____ H/Phone: _____

Fax no. : _____ E-mail : _____

Graduate Registration No. _____ Date of Admission : _____

2. ELIGIBILITY FOR THE TEST OF PROFESSIONAL COMPETENCE

Eligibility for the Test of Professional Competence. This Section is to be completed by the Candidate.

2.1 Having read the Guidelines, I wish to register for the TEST OF PROFESSIONAL COMPETENCE in QUANTITY SURVEYING

A. ACADEMIC QUALIFICATIONS

a. I have passed the Government PTK 3 Examination year _____ / I have not passed the Government PTK 3 Exam *

b. I have obtained the following masters/degree/ diploma on _____ and I attached documentary proof of my certificates (original or copy certified by a Registered Quantity Surveyor registered with the Board.)

i. Name of University/ Polytechnic/ other College :
Masters: _____
Degree: _____
Diploma : _____

ii. Title of Qualifications for Masters, Degree or Diploma :
Masters: _____
Degree: _____
Diploma : _____

iii. Date of Completion (Please state the month and year) :
Masters: _____
Degree: _____
Diploma : _____

iv. Proof of Local Practical Training during the course of study (if any)

c. Any other professional qualifications :

B. EMPLOYMENT

I am / shall be * employed as follows :-

i Name and Office Address of the Present Public Institution of Higher Learning:

ii Appointment Held : _____
iii Date of 1st Appointment : _____
iv Details of Past Posting : _____

2.2 If I change my employment or transfer to other public of institution of higher learning, I undertake to notify the Board of the changes within one month from the date of the change. I enclose herewith a cheque/PO/MO no..... being the fees necessary to effect my registration and assessment of the Test of Professional Competence RM200.00 (cheque / PO/ MO * payable to **Lembaga Juruukur Bahan Malaysia.**)

Date : _____

(Signature of Candidate)

3. EMPLOYMENT PARTICULARS

This section is to be completed and signed by the Head of Department in which candidate is employed.

3.1 a) Mr./ Mrs./ Miss / Dr./Associate Professor/Professor * _____
is / will * be employed in our department/institution at the following address :

Telephone : _____ Postcode : _____

b) He/ she is/ will be* engaged on the following duties:

c) I have read the Guidelines on application for alternative route for registration and assessment of professional experience required for registration with the Board of Quantity Surveyors Malaysia under section 10(2)(c) of the QS Act by Quantity Surveyors working in Public Institutions of Higher Learning and undertake to provide experience and training in the following Areas of Approved Professional Experience (at least four (4) out of six (6) areas with the following areas with a minimum of 30% time spent in area one (1) and a minimum of 10% time spent in each of the other three (3) areas-- give the appropriate sub-rule reference under item 2.1 of the Guidelines)

d) The name and qualifications of the person directly responsible for the candidate's training is: -

e) In the department/institution where the candidate is employed there are _____ other candidates for the Test of Professional Competence.

Signature of Head of Department

Name and Qualifications of Head of Department (BLOCK LETTERS)

Date : _____

* Delete as appropriate

FOR OFFICE USE ONLY

FORM	COMMITTEE
Date Issued :	Decision:
Date Received:	
Certificate seen _____ and returned	
Examined and Acknowledged by	
Fee Received:	

1. ASSESSMENT OF REPORT, LOG BOOK AND WORK DIARY

A. Preliminary Assessment

Date of Commencement : _____

Date of Completion : _____

Name of Assessor : _____

Date : _____

Signature : _____

Remarks : _____

B. Final Assessment

Date of Commencement : _____

Date of Completion : _____

Name of Assessor : _____

Date : _____

Signature : _____

Remarks : _____

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2. PROFESSIONAL INTERVIEW

A. Interview

Name of Interviewer	Signature	Remarks
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	

B. PTK 3 EXAM

Results * : _____

Date passed : _____

3. OVERALL RESULTS

Results * : _____

Date passed : _____

4. REASSESSMENT

* Tick as appropriate

