

لمباك اركيتيك جوروترا فروفيسيونل دان جورواوكور باهن نخارا بروني دارالسلام

Brunei Darussalam Board of Architects Professional Engineers and Quantity Surveyors

APPLICATION FOR BAPEQS PROFESSIONAL COMPETENCE EXAMINATION

(To be completed by Applicant in BLOCK LETTER)

Professiona	l Competenc	e Applied:			
	ARCHITECT				
	PROFESSIONAl Engineering Disc	L ENGINEER cipline (Please speci	ify)	Applicant's Current Passport Size Photo
	QUANTITY SUF	RVEYOR			
PART I – PERS	ONAL PARTI	<u>CULARS</u>			
Candidate's Nam	ne	:			
Identity Card No		:		Colour :	
Home Address		:			
Tel No.		:	_ (Home)	(Office) _	(Mobile)
Email		:			

PART II- QUALIFICATIONS

A. ACADEMIC QUALIFICATIONS

QUALIFICATIONS	UNIVERSITY / INSITUTION	TITLE OF QUALIFICATION	YEAR OBTAINED
HIGHER NATIONAL DIPLOMA or EQUIVALENT			
BACHELOR DEGREE or EQUIVALENT			
MASTERS DEGREE or POSTGRADUATE DIPLOMA or EQUIVALENT			
OTHERS (Please specify)			

B. PROFESSIONAL QUALIFICATIONS

TITLE	INSTITUTION	YEAR OBTAINED	PROFESSIONAL STATUS [with the Institution still current] (Please state YES or NO)
PART III – EMPLOYMENT PA	<u>ARTICULARS</u>		
Dates for each Employment e.g. July 2001 to May 2002	Name & Address of Employer	Position	Brief Description of Duties
No. of years of practical expe	rience:		
I hereby declare that the particu	lars in this application are co	rrect and accu	rate.
Signature			
Name :			
Date of application :			



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ARCHITECTS, PROFESSIONAL ENGINEERS, QUANTITY SURVEYORS ORDER 2011

APPLICATION FOR BAPEQS PROFESSIONAL COMPETENCE EXAMINATION (PCE)

NAME : _____

IC No. :	Colour :					
Profess	ional Competence Examination Applied :					
	ARCHITECT QUANTITY SURVEYOR					
	PROFESSIONAL ENGINEER: Engineering Discipline (Please specify:)					
	SUBMISSION CHECK LIST					
Docur	nents to be submitted :					
Bil.	Description		Tick			
1	Application Form duly completed with photo.					
2	*Certified True Copy: Identification Card (IC) / Passport.					
3	*Certified True Copy: Educational Certificates.					
Note (* -ORIGII	NAL CHOP (Certified True Copy from Court)					
Recei	For Office Use Only Received by: SS / ZHM / MMF / HAIN Date:					
	ked by : FAM / NJHA	Date : Date :				
	,					
Remark	S:					