



ARCHITECTS, PROFESSIONAL ENGINEERS, QUANTITY SURVEYORS ORDER 2011

**APPLICATION FOR BAPEQS
PROFESSIONAL COMPETENCE EXAMINATION (PCE)**

NAME : _____

IC No. : _____ Colour : _____

Professional Competence Examination Applied :

ARCHITECT

QUANTITY SURVEYOR

PROFESSIONAL ENGINEER: Engineering Discipline (Please specify : _____)

SUBMISSION CHECK LIST

Documents to be submitted :		
Bil.	Description	Tick
1	Application Form duly completed with photo.	
2	* <i>Certified True Copy</i> : Identification Card (IC) / Passport.	
3	* <i>Certified True Copy</i> : Educational Certificates.	
4	Training Agreement (for Engineering applicants) downloaded at www.bapeqs.gov.bn : GD20/2017 – Professional Competence Examination (PCE) for Engineers – Training Agreement Form.	

Note (*) :

-ORIGINAL CHOP (*Certified True Copy from Court*)

For Office Use Only

Received by : SS / ZHM / MMF / HAIN	Date :
Checked by : FAM / NJHA / DSI	Date :
Checked by : QUALIFICATION & EXAMINATION COMMITTEE (QEC)	Date :

Remarks:



APPLICATION FOR BAPEQS PROFESSIONAL COMPETENCE EXAMINATION

(To be completed by Applicant in BLOCK LETTER)

Professional Competence Applied:

ARCHITECT

PROFESSIONAL ENGINEER
Engineering Discipline (Please specify _____)

QUANTITY SURVEYOR

Applicant's Current
Passport Size Photo

PART I – PERSONAL PARTICULARS

Candidate's Name : _____

Identity Card No. : _____ Colour : _____

Home Address : _____

Tel No. : _____ (Home) _____ (Office) _____ (Mobile)

Email : _____

PART II– QUALIFICATIONS

A. ACADEMIC QUALIFICATIONS

QUALIFICATIONS	UNIVERSITY / INSITUION	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 PARTICULARS

Dates for each Employment <i>e.g. July 2001 to May 2002</i>	Name & Address of Employer	Position	Brief Description of Duties

No. of years of practical experience: _____

I hereby declare that the particulars in this application are correct and accurate.

Signature

Name : _____

Date of application : _____