

Colour photo  
(Size 4.5X3.5 cm)

**CHARTERED INSTITUTE OF PERSONNEL MANAGEMENT SRI LANKA (INC.)**  
**APPLICATION FOR NEW MEMBERSHIP**

**FOR OFFICE USE ONLY**

1. Name of the Applicant .....
2. Date of receipt of the Application .....
3. Date of the Membership Interview .....

**4. Recommended for admission to the grade of:**

Affiliate

Associate

**5. Interview Panel:**

	Name	Signature
I.	.....	.....
II.	.....	.....
III.	.....	.....
IV.	.....	.....
V.	.....	.....

**6. Secretary to the Panel:**

	Name	Signature
I.	.....	.....

**7. Approved at the Council Meeting held on** .....

**8. Signature of the President/ Honorary Secretary** .....

**9. Date** .....

**10. Membership Number** .....

**11. Date of Certificate Issued** .....

### 1. PERSONAL DETAILS OF THE APPLICANT:

Title : Mr./ Ms./ Dr./ Prof/ .....

Full Name : .....

Last Name : .....

Name with initials : .....

Date of Birth : .....

NIC Number : .....

Residential Address : .....

Residential Contact Number : .....

Mobile Number : .....

Email Address : .....

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Affiliate Membership  
Number (Only if you are a  
current affiliate Member) : .....

### 2. OFFICIAL DETAILS:

Name of the Organization : .....

Designation : .....

Duration : From : ..... To: .....

Postal Address : .....

Contact Number : .....

Email Address : .....

### 3. DETAILS OF CIPM QUALIFICATIONS:

No.	Qualification	Year of Completion	Student Number
01	Professional Qualification in Human Resource Management (PQHRM)		
02	National Diploma in Human Resource Management (NDHRM)		
03	Certificate Course in Human Resource Management (CCHRM)		
04			

4. DETAILS OF HRM DEGREES:			
No.	Qualification	University	Year of Completion
01	Master of Science in Human Resources Management		
02	Bachelor of Science in Human Resource Management		
03			
04			
5. TRAINING IN PERSONNEL MANAGEMENT OR SPECIALISED FUNCTION OF HR MANAGEMENT			
No.	Training Program	Organization	Duration
01			
02			
03			
04			
6. EMPLOYMENT RECORDS:			
i. Details of previous Employments relevant to HR Positions			
Organization	Designation	From – To (MM/YY)	

## 7. REFEREES:

A CORPORATE MEMBER of the institute (Fellow Member/ Member/ Associate Member) and a SENIOR MANAGER IN YOUR ORGANIZATION who could give information about your present work should be referred to.

### i. Recommendation of the Corporate Member

Name : .....

Membership Category & Number : .....

Signature : .....

### ii. Recommendation of the Senior Manager in your Organization

Name : .....

Designation/Rubber stamp : .....

Signature : .....

## 8. MAKE SURE YOU HAVE ATTACHED ALL THE SUPPORTING DOCUMENTS USING THE CHECKLIST BELOW:

- |  |                          |
|--|--------------------------|
| i. Certified Copy of the PQHRM Certificate   | <input type="checkbox"/> |
| ii. Certified copy of the NDHRM Certificate  | <input type="checkbox"/> |
| iii. Certified Copy of the CCHRM Certificate                                       | <input type="checkbox"/> |
| iv. Certified Copy of the M.Sc. in HRM Certificate                                 | <input type="checkbox"/> |
| v. Certified Copy of the B.Sc. in HRM Certificate                                  | <input type="checkbox"/> |
| vi. Certified copy of the JD   | <input type="checkbox"/> |
| vii. Organizational Hierarchy highlighting the position                            | <input type="checkbox"/> |
| viii. Copies of the Service Records & Service Certificates from previous employers | <input type="checkbox"/> |
| ix. Letter of recommendation from immediate superior.                              | <input type="checkbox"/> |

## 9. PLEDGE:

I, the undersigned hereby make application for admission for Membership of the Chartered Institute of Personnel Management Sri Lanka (Inc.). I understand that the grade to which I may be selected shall be deemed by the Council to be appropriate and if elected, I agree to abide by the By-Laws and the Code of Ethics of the Institute as long as I remain a member of the Institute. I confirm that the information regarding my experience and HR related activities given above are correct to the best of my knowledge.

.....  
Date

.....  
Signature