

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 : .....

District and Province : .....

Residential Contact Number : .....

Mobile Number : .....

Email Address : .....

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

**2. OFFICIAL DETAILS:**

Name of the Organization : .....

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Type of the Organization (Please Highlight the appropriate Type) MNC/ PLC/ LTD/ PVT LTD/ PUBLIC/ FIRM/ PROPRIETOR/ Government Organization/ NGO/ Foreign Embassy/ Ministry  
Other: ..... (Please specify)

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Sector of the Organization (Please Highlight the appropriate sector) Finance/Banking/ Insurance/ Service/ Retailing/ Manufacturing-General/ Food & Beverages/ Manufacturing-Apparel/ Plantation / Agri-Business/ Hospitality/ Power/ Shipping / Logistics/ Education/ Health, Wellness and Fitness/ Construction  
Other: ..... (Please specify)

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Size of the Organization – by the number of employees 1-50/ 51-100/ 101-250/ 251-500/ 501-1000/ 1001-2000/ 2001+  
(Please Highlight the appropriate size)

Designation : .....

Corporate Level Board Director/ CEO/ MD/ Head of Division/ Snr. Manager/ Manager/ Asst. Manager/Officer/ Senior Executive/ Executive/ Junior Executive/ Staff

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		
02	National Diploma in Human Resource Management		
03	Certificate Course in Human Resource Management		

**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)	Corporate Level



**7. REFEREES:**

A CORPORATE MEMBER of the institute (Chartered Fellow Member/ Chartered 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
- ii. Certified copy of the NDHRM Certificate
- iii. Certified Copy of the CCHRM Certificate
- iv. Certified Copy of the M.Sc. in HRM Certificate
- v. Certified Copy of the B.Sc. in HRM Certificate
- vi. Certified copy of the JD
- vii. Organizational Hierarchy highlighting the position
- viii. Copies of the Service Records & Service Certificates from previous employers
- ix. Letter of recommendation from immediate superior.

**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