

# CHARTERED INSTITUTE OF PERSONNEL MANAGEMENT SRI LANKA (INC.) UPGRADING OF MEMBERSHIP

FOR OFFICE USE ONLY						
1. Name of the Applicant						
2. Date Application received						
3. Date of the Membership Interview						
4. Recommended for upgrading to the grade of:						
Chartered Member Chartered Fellow						
5. Interview Panel:						
Name Signature						
l						
II.						
III						
IV						
V						
6. Secretary to the Panel:						
Name Signature						
l						
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						

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## i. Title : Mr./ Ms./ Dr./ Prof/ ii. Full Name iii. Last Name Name with initials iv. NIC Number ٧. Address: vi. a) Residential Address b) Official Address vii. **Contact Numbers:** a) Residential b) Mobile c) Office **Email Address:** viii. a) Personal b) Official 2. CURRENT MEMBERSHIP **Current Membership Category** : Chartered Member/ Associate Date of Enrolment Year of Last Membership Subscription 3. DETAILS OF CIPM QUALIFICATIONS: Year of Student Qualification No. Completion Number Professional Qualification in Human Resource 01 Management (PQHRM) National Diploma in Human Resource Management 02 (NDHRM) Certificate Course in Human Resource Management 03 (CCHRM)

1. PERSONAL DETAILS OF THE APPLICANT

04

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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							
03								
5	5. EMPLOYMENT RECORDS:							
	i. Details of the Current Em	ployment						
Orgai	nization :							
Desig	nation :							
Durat	tion Fro	om :		To:				
Pleas	se attach the JD & Organizationa	l Hierarchy high your Departi		on, certific	ed by the Head of			
	ii. Details of previous Employments (HR Management Positions Only)							
Organization		<b>Designation</b> From		- To (MM/YY)				
6. TRAININGING IN PERSONNEL MANAGEMENT OR SPECIALISED FUNCTION OF HR MANAGEMENT								
No.	Training Program		Organization		Duration			
01								
02								

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#### 7. REFEREES:

Indicate names of 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.

<ul><li>i. Recommendation of th Associate Member</li></ul>	e Chartered Fellow Member/Chartered Member/
Name	·
Membership Category & Number	:
Signature	;
ii. Recommendation of a Se	nior Manager in your Organization
Name :	
Designation/ Rubber stamp :.	
Signature :	
8. MAKE SURE YOU HAVE AT THE CHECKLIST BELOW:	TACHED ALL THE SUPPORTING DOCUMENTS USING
i. Certified copy of the JD	
ii. Organizational Hierarchy high	lighting the position
iii. Copies of the Service Records	& Service Certificates from previous employers
iv. Recommendation letter from	the Head of the division
the current Membership (Anr	elopment record of last three years from the date of nex: I) (To be completed by the Members those who ered Member and Chartered Fellow Categories only)
9. PLEDGE:	
Membership of the Chartered understand that the grade to which appropriate and if elected, I agree Institute as long as I remain a remain	e application upgrading the Chartered Fellow/Chartered Institute of Personnel Management Sri Lanka (Inc.). In the I may be selected shall be deemed by the Council to be ee to abide by the By-Laws and the Code of Ethics of the member of the Institute. I confirm that the information related activities given above are correct to the best of my
Date	Signature

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## **Annexure I**

## CONTINUING PROFESSIONAL DEVELOPMENT RECORD OF POINTS ACHIEVED

Name of the Member:	Membership Number
3 years of professional assessment from	to

No. YE	VEAD	EAR INITIATIVES/ EVENTS/ ACHIEVEMENTS	END RESULT	SUPPORTING	POINTS
	TEAR			DOCUMENTS ATTACHED	ACHIEVED
1.					
2.					
3.					
4.					
5.					
6.					

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