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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 membership class of:

Affiliate

Associate

5. Interview Panel:

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

6. Secretary to the Panel:

| Name and Membership No. | Signature |
|-------------------------|-----------|
| I. | |

7. Approved at the Council Meeting held on

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

9. Date

10. Membership Number allocated

11. Date of Membership Certificate Issued

12. No. of Membership Certificate Issued

1. PERSONAL DETAILS OF THE APPLICANT:

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

Full Name as per NIC :

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 Employer (**or Company if self-owned**) :

Type of Employer or Company (Please select entity type) : MNC/ PLC/ LTD/ PVT LTD/ PUBLIC LTD/ PARTNERSHIP/SOLE PROPRIETOR/ Government/Offshore Company Organization/ NGO/ Foreign Embassy/ Ministry/Guarantee Company/Trust
Other: (Please specify)

Sector of the Organization (Please select relevant industry) : 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)

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

Designation :

Grade/ Level in the organizational structure : Board Director/ CEO/ MD/ Head of Division/ Snr. Manager/ Manager/ Asst. Manager/Officer/ Senior Executive/ Executive/ Junior Executive/Staff

Duration of employment at current employment : From:To:

Postal Address :

Contact Number :

Email Address :

| 3. DETAILS OF CIPM QUALIFICATIONS: | | | |
|---|---|---------------------------------------|-----------------------|
| No. | Qualification | Year of Award of Qualification | Student Number |
| 01 | Chartered Qualification in Human Resource Management | | |
| 02 | Professional Qualification in Human Resource Management | | |
| 03 | National Diploma in Human Resource Management | | |

| 4. DETAILS OF HRM DEGREES: | | | |
|-----------------------------------|--|-------------------|------------------------------------|
| No. | Qualification | University | Year of award of the Degree |
| 01 | Master of Science in Human Resources Management | | |
| 02 | Bachelor of Science in Human Resource Management | | |
| 03 | | | |

| 5. TRAINING IN HR MANAGEMENT | | | |
|-------------------------------------|--------------------------------|---------------------|-----------------|
| No. | Training Program/Course | Organization | Duration |
| 01 | | | |
| 02 | | | |
| 03 | | | |
| 04 | | | |

6. EMPLOYMENT RECORDS

i. Details of previous employment relevant to HR Positions

| Organization | Designation | From – To (MM/YY) | Grade/ Level in the Organizational Structure |
|---------------------|--------------------|--------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 and Number :
Signature :

ii. Recommendation of the Senior Manager in your Organization

Name :
Designation/Rubber stamp :
Signature :

8. PLEASE ATTACH ALL SUPPORTING DOCUMENTS AS PER THE CHECKLIST BELOW:

- i. Certified Copy of CQHRM / PQHRM Certificate
- ii. Certified copy of NDHRM Certificate
- iii. Certified Copy of 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 current job description
- vii. Organizational Hierarchy depicting Applicant’s class of membership
- viii. Copies of Service Records and Service Certificates from previous employers
- ix. Letter of recommendation from current immediate superior

9. PLEDGE:

I, the undersigned hereby apply for admission for Membership of the Chartered Institute of Personnel Management Sri Lanka (Inc.). I understand that the relevant class of membership to which I may be selected shall be as per the Council’s decision as appropriate, and if selected, I agree to abide by the By-Laws and the Code of Conduct of the Institute (as may be applicable from time to time) as long as I remain a member of the Institute. **I confirm that the information provided above are correct to the best of my knowledge, and that any falsification or misrepresentation hereof may give rise to immediate termination of my membership hereof without any prior notice to me.**

I also firmly undertake to update the Institute of, and notify the Institute in writing of, any change in my details or other information I have declared/provided above, immediately on such change. I further unconditionally consent to the Institute retaining my information in its records as long as the Institution deems same necessary, and use same for purposes of the Institute.

Date

Signature