



**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 admission to the membership class of:**

Chartered Member

Chartered Fellow

**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** .....

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

**12. No. of Membership Certificate Issued** .....

**1. PERSONAL DETAILS OF THE APPLICANT**

- i. Title : Mr./ Ms./ Dr./ Prof/
- ii. Full Name as per NIC :
- iii. Last Name :
- iv. Name with initials :
- v. NIC Number :

vi. Address:

a) Residential Address	b) Official Address

vii. Contact Numbers:

a) Residential	b) Mobile	c) Office

viii. Email Address:

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:**

No.	Qualification	Year of Award of Qualification	Student Number
01	Chartered Qualification in Human Resource Management (CQHRM)		
02	Professional Qualification in Human Resource Management (PQHRM)		
03	National Diploma in Human Resource Management (NDHRM)		
04			

**4. DETAILS OF HRM DEGREES :**

No.	Qualification	University	Year of award of degree
01	Master of Science in Human Resources Management		
02	Bachelor of Science in Human Resources Management		
03			

**5. EMPLOYMENT RECORDS:**

**i. Details of the Current Employment**

Organization : .....

Designation : .....

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

*Please attach the JD & Organizational Hierarchy highlighting your position, certified by the Head of your Department*

**ii. Details of previous Employment (HR Management Positions Only)**

Organization	Designation	From – To (MM/YY)

**6. TRAINING IN PERSONNEL MANAGEMENT OR SPECIALISED FUNCTION OF HR MANAGEMENT**

No.	Training Program	Organization	Duration
01			
02			



**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.

**i. Recommendation of the Chartered Fellow Member/Chartered Member/ Associate Member**

Name : .....

Membership Category & Number : .....

Signature : .....

**ii. Recommendation of a 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 current job description
- ii. Organizational Hierarchy depicting Applicant’s class of membership
- iii. Copies of the Service Records & Service Certificates from previous employers
- iv. Recommendation letter from the Head of the division
- v. Continuous Professional Development record of last three years from the date of the current Membership (Annex: I) **(To be completed by the Members those who apply for upgrading to Chartered Member and Chartered Fellow Categories only)**

**9. PLEDGE:**

I, the undersigned hereby make application upgrading the Chartered Fellow/Chartered 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



## Annexure I

### CONTINUING PROFESSIONAL DEVELOPMENT RECORD OF POINTS ACHIEVED

Name of the Member: ..... Membership Number .....

3 years of professional assessment from ..... to .....

No.	YEAR	INITIATIVES/ EVENTS/ ACHIEVEMENTS	END RESULT	SUPPORTING DOCUMENTS ATTACHED	POINTS ACHIEVED
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					