INSTITUTE OF PERSONNEL MANAGEMENT SRI LANKA (INC)

APPLICATION FOR MEMBERSHIP / UPGRADING OF MEMBERSHIP

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED: _____
DATE OF THE MEMBERSHIP INTERVIEW: _____
DATE OF COUNCIL MEETING: _____
CATEGORY OF MEMBERSHIP APPROVED: _____
MEMBERSHIP NO : _____
DATE CERTIFICATE ISSUED: _____

P L E D G E

I, the undersigned hereby make application for admission / for the change of grade in the Institute of Personnel Management Sri Lanka (Inc.).I understand that the grade to which I may be selected shall be that deemed by the Council to be appropriate and if elected, I agree to abide by the Constitution / 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 below are correct to be best of my knowledge.

DATE : SIGNATURE OF APPLICANT:

PLEASE FILL THE FORM IN BLOCK LETTERS

PERSONAL DETAILS:

SURNAME DR. / MS./ MR. : _____

OTHER NAMES : _____

_____

DATE OF BIRTH: _____NIC NUMBER: _____ AGE: _____

_____

PRIVATE ADDRESS : _____

_____

TEL. NUMBER / S : _____MOBILE NO. _____

EMAIL ADDRESS : _____

OFFICIAL ADRESS : _____

_____

_____

TEL NUMBER / S : _____

EMAIL ADDRESS : _____

1. GENERAL EDUCATION
   SCHOOL / COLLEGE / UNIVERSITY / POST GRADUATE

TITLE OF THE EXAMINATION PASSED	MEDIUM	INSTITUTE / COLLEGE	YEAR

2. TRAININGING IN PERSONNEL MANAGEMENT OR SPECIALISED FUNCTION OF HR MANAGEMENT

QUALIFICATIONS	ORGANIZATION / INS.	PERIOD

QUALIFICATIONS	ORGANIZATION / INS.	PERIOD

3. OTHER TRAINING & QUALIFICATIONS

QUALIFICATIONS	ORGANIZATION / INS.	PERIOD

4. IF YOU ARE ALREADY A MEMBER OF THIS INSTITUTE PLEASE STATE GRADE AND THE YEAR OF ENROLMENT.

_____

PART B

5. PREVIOUS EMPLOYMENT RECORD (EXECUTIVE POSITIONS ONLY)
IN CHRONOLOGICAL ORDER :

POSITION HELD	PERIOD FROM - TO	ORGANIZATIONS	DUTIES / RESPONSIBILITIES

6. PRESENT EMPLOYMENT
(ATTACH ORGANIZATIONAL CHART INDICATING YOUR POSITION AND LIST OF DUTIES / JOB DESCRIPTION CERTIFIED BY YOUR DEPARTMENT HEAD)

POSITION HELD	PERIOD FROM - TO	ORGANIZATIONS	DUTIES / RESPONSIBILITIES

7. RECOMMENDATION

Referees : One should be a CORPORATE MEMBER OF THE INSTITUTE and the other a SENIOR MANAGER IN YOUR ORGANISTION who could give information about your present work. You may contact the IPM Secretariat to verify details of IPM Corporate Members. CORPORATE MEMBERS are those who are certifying the applications as FELLOWS, MEMBERS & ASSOCIATE MEMBERS. Such persons should supply the MEMBERSHIP NO. & THE CATEGORY.

1. NAME

_____

_____

2. ADDRESS

_____

_____

_____

_____

3. TELEPHONE

_____

1. NAME

_____

_____

2. ADDRESS

_____

_____

_____

_____

3. TELEPHONE

_____

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8. ENCLOSED WITH THE APPLICATION :

1. Certified copies of all ACADEMIC & PROFESSIONAL QUALIFICATIONS.
2. Copies of the CERTIFICATES awarded by the IPM Sri Lanka.
3. Copies of the SERVICE RECORDS & SERVICE CERTIFICATES from previous employees.
4. CERTIFIED copy of the ORGANIZATIONAL STRUCTURE INDICATING THE POSITION.
5. CERTIFIED copy of the LIST OF DUTIES & RESPONSIBILITIES & ROLL performed by the applicant.
6. CPD Record and CPD Plan as appropriate for MIPM and FIPM.
7. Letter of recommendation from immediate superior.

FOR OFFICE USE ONLY

TO : COUNCIL OF MANAGEMENT OF THE IMP SL.

DR./MS./MR. : _____

WAS ASSESED BY THE UNDERSIGNED ON: _____HE / SHE IS

RECOMMENDED FOR ADMISSION TO THE GRADE OF:

1. STUDENT	
2. AFFILIATE	
3. ASSOCIATE	
4. MEMBER	
5. FELLOW	

Professional Standard Assessment Committee

NAME	SIGNATURE
1.	
2	
3.	
4.	
5.	
6.	

APPROVED AT THE COUNCIL MEETING HELD ON : _____

PRESIDENT'S SIGNATURE : _____

DATE : _____

HONY. SECRETARY'S SIGNATURE : _____

DATE : _____