

# THE ASSOCIATION OF HR PROFESSIONALS – HRP

## APPLICATION FOR MEMBERSHIP/ UPGRADING OF MEMBERSHIP

**Personal Details**

Affix a recent  
colour  
photograph

Last Name : Prof/ Dr / Mr / Ms .....

Other Names : .....  
(underline the calling name)

Date of Birth : Date ..... Month ..... Year .....

Residence Address : .....

Telephone No : Residence: ..... Mobile: .....

Email address : .....

Send mails to : Residence [ ] Company [ ]

Are you an existing member of HRP? Yes [ ] No [ ]

If yes, present membership category: ..... Membership # .....

**Present Employment**

Company Name : .....

Date Joined: ..... Period of Service: Years ..... Months .....

Address : .....

Telephone No : Direct:..... Ext:..... Mobile: .....

Email address : .....

Designation : .....

Industry (apparel, FMCG, banking, etc) : .....

Company Size :

Category :

Less than 100	2500 – 4999
100 – 499	5000 – 9999
500 – 999	10000 – 24999
1000 – 2499	25000 and over

Public Sector	Multinational
Limited Liability	Joint Venture
Partnership	Proprietary
Other (Specify)	

### Working Experience

Experience	Years	Months	Remarks (if any)
HR			
Other fields			
Total years of <u>Managerial</u> experience in <b>HR</b> (including <u>Assistant Manager - HR</u> )			

Your expertise (can select more than one) :

<input type="checkbox"/>	HR Generalist	<input type="checkbox"/>	Compensation & Benefits
<input type="checkbox"/>	Recruitment & Selection	<input type="checkbox"/>	Employee Relations, Industrial Relations
<input type="checkbox"/>	Performance Management	<input type="checkbox"/>	HR Operations/ Administration
<input type="checkbox"/>	Training and Development	<input type="checkbox"/>	Human Resources Information System
<input type="checkbox"/>	Organizational Development	<input type="checkbox"/>	Health, Safety and Welfare
<input type="checkbox"/>	Grievance Handling, Counseling	<input type="checkbox"/>	Other (Specify)

Previous Working Experience (starting from the immediate past position/ chronological order)

Company/ Organisation	Last position held	Period From	To	HR Related
		.....M .....Y	.....M .....Y	Yes / No
		.....M .....Y	.....M .....Y	Yes / No
		.....M .....Y	.....M .....Y	Yes / No
		.....M .....Y	.....M .....Y	Yes / No
		.....M .....Y	.....M .....Y	Yes / No

**Education – HR Related** (university/ post graduate/ professional)

Title of the course/ degree/ professional qualification	Institute	Status/ Stage	Year completed

**Education – Non HR** (university/ post graduate/ professional)

Title of the course/ degree/ professional qualification	Institute	Status/ Stage	Year completed

**Professional Memberships**

Institute/ Professional Body	Membership Category (Fellow, Professional, Associate, Student, etc)	Member since	Remarks

**Significant Achievements**

.....  
 .....

**Publications/ research/ articles you have written**

.....  
 .....

**Special skills/ interests**

.....  
 .....

**The applicant is Proposed by**

Name	Membership #	Signature

Please refer the Membership Guidelines for information relating to membership categories, eligibility criteria, rights and privileges of members and other relevant details with regard to the membership.

All categories of memberships are awarded by the Executive Committee at their discretion depending on the eligibility criteria.

You will be notified once your Membership Application has been processed. The payment can be made subsequently and thereafter the membership will be activated.

Membership Categories	Annual Membership Fee (Rs.)
Fellow Member	3,000/-
Professional Member	3,000/-
Associate Member	2,000/-
Affiliate Member	2,000/-
<b>Joining Fee</b> (One-time fee in addition to the Annual Membership Fee) – <b>Rs 3,000/-</b>	
<p>I do hereby apply for the membership in the Association of HR Professionals. I wish to certify that the particulars given in the application form are correct and agree that in the event of being admitted, I will be governed by the constitution of the Association and that I will advance the objects of the Association as far as shall be in my power.</p>	
..... <b>Signature of the Applicant</b>	..... Date

Please attach the following supporting documents.

- Curriculum Vitae / Résumé
- Copies of Educational Certificates
- Copies of Service Letters

<b>FOR INTERNAL USE ONLY</b>		Date received:	<input type="text"/>	Membership #:	<input type="text"/>
Application	1		2		
Screened By:	3		4		
Authorised By :	<input type="text"/>		Remarks		