

HRD Network

7 Sunrise Avenue, Main Park Road, Near Comsats University Chak Shahzad Islamabad Tel: +9251-8742215-16

Website: www.hrdn.net Email: info@hrdn.net

Lifetime Membership Form

a. Personal Information							
Name:						Passport size	
Date of Birth:		Blood Group:				photograph to be	
CNIC #:		Nationality:				stapled	
<u>Designation:</u>		Organization:					
Temporary Address:							
Permanent Address:						Colored	
Preferred Mailing Address: □Permanent □Temporary					_		
	tes Tel: OffTel: Cell No:						
Email 1:		Email 2:					
		(At least one active email	addres	s is compuls	ory)		
b. Education (In case of student	membe	rship application ,pleas	e men	tion progra	m currer	ntly enrolled)	
Last Two Degrees		Year of Passing			Institution		
1.							
2.							
c. Work Experience (Not Requir	ed In cas	se of student members	hip)				
Position		Year(s) From-To	Organization		Major Responsibilities/ Portfolio		
1.							
2.							
3.							
d. Professional Associations/Me	mbershi	ip	1				
Type of Membership		Name of Professional Body		Membership Since			
1.							
2.							
3.							

e.	Other Contribution/involvement in Indiv	ridual and Institutional capacity building.	
			· · · · · · · · · · · · · · · · · · ·
f.	Area of Interest/Specialization/Expertise	2:	
g.	What do you expect from HRDN in your	nrofessional development	
<u> </u>	Triat do you expect from findia in your	professional acyclopinent	
h.	Recommendations by two HRDN member	Prs (i.e. one Founder member, professional, General c	or organizational member)
	Name	Membership ID	Signature
1.			
2.			
3.			
1	Note: If an applicant has no recommendations from exi	sting members of HRDN, he/she will be required to a	ppear in interview before MAC
		OR	
i.	Professional Recommendations (Two profess	sional recommendations)	
		Designation / Ourse visation	Cianatuna
	Name	Designation/Organization	Signature
1.	Name	Designation/Organization	Signature
1.	Name	Designation/Organization	Signature

Membership Information & Guidelines

Fee Structure	Joining Fee		Annual Fee		
Category	PKR	USD	PKR	USD	
Professional	15000	As Per Prevailing Rate	10,000	As Per Prevailing Rate	
Individual	15000	As Per Prevailing Rate	8,000	As Per Prevailing Rate	

Terms and conditions:

Submission Date:

- It would be the responsibility of the Member to notify HRDN Secretariat, in writing, regarding any change in its bio-data i.e., designation, organization, credentials, qualifications and other details like postal address, email address, telephone Nos. etc.
- The Network has the right to print and/or publish this data on its website, reports and other publications from time to time. Any applicant/member, desirous, not disclosing his/her particulars in such publication, shall have to intimate separately in writing to HRDN Secretariat.
- HRDN has all rights to reject any membership applications without assigning any reason. Also, any member, delinquent to his/her membership fees, will be ceased to continue his/her membership with HRDN as per clause 6 & 7 of the Rules & Regulations of HRD Network, constituted under HRDN Bye-Laws.
- Z The member shall ensure that all the attached documents are verifiable if not so, the Network reserve the rights to reject membership application.
- Membership once ceased, can only be reactivated by "Membership Acceptance Committee" 3/4 consensus.

I agree to accept all the above-mentioned terms and conditions for membership of HRDN and shall voluntarily abide by the code of conduct for the continuity of my membership with this network.

Signature	
Checklist for attachments with Membership form:	
☐ Application form duly signed	
☐ Passport size colored photographs	
□Copy of CNIC	
☐ Detailed CV	
☐ Copy of educational documents	
☐Two Reference Letters/ Referees Name	
☐ Experience Letter/Certificate	
\square For student membership, applicants should send the	eir studying certificates from their institutional heads

Apply by dispatching the signed form alongwith the documents mentioned in the checklist to **Manager Programs, HRDN** at IRM Complex, Building # 7 Sunrise Avenue, Main Park Road, Near Comsats University ChakShahzad Islamabad

Tel: +9251-8742215-16

For office use only

Approval by Membership Acceptance Committee

Name of MAC Member	If rejected,	If rejected, reasons Signature			
1.	☐Accepted ☐Rejected				
2.	□Accepted □Rejected				
3.	□Accepted □Rejected				
4.	□Accepted □Rejected				
Decision of the MAC					
□Accepted □Rejec	ted				
If accepted, category of member	ership				
□ Professional □ Gene	eral Student				
Chairperson MAC					
For accounts section use only:					
Particulars	rticulars Details (Cheque/DD#)		Receipt #	Signature	
Annual Fee		 	+		
Allitual Fee					