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| **HRD Network**  # 7 Sunrise Avenue, Main Park Road,  Near Comsats University Chak Shahzad Islamabad Tel: +9251-8742215-16  Website: [www.hrdn.net](http://www.hrdn.net) Email: [info@hrdn.net](mailto:info@hrdn.net) |

**Individual Membership Form**

1. **Personal Information**

|  |  |
| --- | --- |
| |  | | --- | | Passport size photograph to be stapled  Colored |   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Blood Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_CNIC #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Temporary Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Preferred Mailing Address:\_\_\_\_\_\_\_\_\_ Permanent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Temporary\_\_\_ \_Res <Tel:____________________Off> <Tel:____________________Cell> No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Email 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (At least one active email address is compulsory) |

1. **Education (In case of student membership application ,please mention program currently enrolled)**

|  |  |  |
| --- | --- | --- |
| Last Two Degrees | Year of Passing | Institution |
| 1. |  |  |
| 2. |  |  |

1. **Work Experience (Not Required In case of student membership)**

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Year(s) From-To | Organization | Major Responsibilities/ Portfolio |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. **Professional Associations/Membership**

|  |  |  |
| --- | --- | --- |
| Type of Membership | Name of Professional Body | Membership Since |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

1. **Other Contribution/involvement in Individual and Institutional capacity building.**

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Area of Interest/Specialization/Expertise:**
2. **What do you expect from HRDN in your professional development**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Recommendations by two HRDN members** (i.e. one Founder member, professional, General or organizational member)

|  |  |  |
| --- | --- | --- |
| **Name** | **Membership ID** | **Signature** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**Note:** If an applicant has no recommendations from existing members of HRDN, he/she will be required to appear in interview before MAC

**OR**

1. **Professional Recommendations** (Two professional recommendations)

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation/Organization** | **Signature** |
| 1. |  |  |
| 2. |  |  |

**Membership Information & Guidelines**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fee Structure (Category)  Category | Joining Fee | | Annual Fee | |
| PKR | USD | PKR | USD |
| Professional | 10,000 | 100 | 6,000 | 60 |
| General | 7,000 | 70 | 5,000 | 50 |
| Lifetime | 50,000/- | | - | |
| Student | 0 | 0 | 300 | 30 |

**Terms and conditions:**

* 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.
* 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” ¾ consensus.
* The applicant shall have no objection whatsoever to the award of membership in any category by membership acceptance committee.

|  |  |
| --- | --- |
| 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. |

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| --- |
| **Submission Date:** |
| **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  
For student membership, applicants should send their studying certificates from their institutional heads  
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**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 Chak Shahzad Islamabad

Tel: +9251-8742215-16

For office use only

For office use only  
 Approval by Membership Acceptance Committee

|  |  |  |  |
| --- | --- | --- | --- |
| Name of MAC Member | | If rejected, reasons | Signature |
| 1. | Accepted Rejected |  |  |
| 2. | Accepted Rejected |  |  |
| 3. | Accepted Rejected |  |  |
| 4. | Accepted Rejected |  |  |

|  |
| --- |
| Decision of the MAC  Accepted Rejected Deferred  If accepted, category of membership  Professional General Student  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chairperson MAC |

For accounts section use only:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Particulars | Details (Cheque/DD#) | Amount (Rs.) | Receipt # | Signature |
| Annual Fee |  |  |  |  |
| Joining Fee |  |  |  |  |