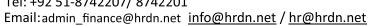


HRD Network

1st Floor # 7 Sunrise Avenue, Main Park Road, Near Comsats University Chak Shahzad Islamabad Tel: +92 51-8742207/ 8742201





Website: www.hrdn.net

Individual Membership Form

a. Personal Information					
				ſ	Danna ant aire
Name:	Dia al Casana				Passport size photograph to be
Date of Birth:	Blood Group:				stapled
CNIC#:	Nationality:				Stapled
Designation:	Organization:				
Temporary Address: Permanent Address:					
	Dormanant	Птог	no no ro ro r		Colored
Preferred Mailing Address: Res Tel: OffTe	Permanent	Cell No:	mporary	-	
Email 1:	Email 2:	Cell No.			
Ellidii 1.	(At least one active	omail address	s is compuls		
	(At least one active	emaii addres	s is compuis	ory)	
b. Education (In case of student	membership application ,	please men	tion progra	m curren	tly enrolled)
Last Two Degrees	Year of Pas	ssing		Ir	stitution
1.					
2.					
c. Work Experience (Not Require	ed In case of student mer	nbership)			
Position	Year(s) From-	Γo Org	anization	Major	Responsibilities/ Portfolio
1.					
2.					
3.					
d. Professional Associations/Me	mbership				
Type of Membership	Name of Profess	rofessional Body		M	embership Since
1.					
2.					
3.					

e.	Other Contribution/involvement in Indiv	vidual and Institutional capacity building.	
f.	Area of Interest/Specialization/Expertise		_
	Area of interest, specialization, Expertise		
_			
g.	What do you expect from HRDN in your	professional development	
1.	Recommendations by two HRDN member	ers (i.e. one Founder member, professional, General or	r organizational member)
	Name	Membership ID	Signature
1.			
2.			
3.			
	Note: If an applicant has no recommendations from exi	isting members of HRDN, he/she will be required to ap	pear in interview before MAC
		OR	
i.	Professional Recommendations (Two profess	sional recommendations)	
	Name	Designation/Organization	Signature
1.			
2.			

Membership Information & Guidelines

Fee Structure	Joining Fee		Annual Fee		
Category	PKR	USD	PKR	USD	
Professional	25,000	As Per Prevailing Rate	15000	As Per Prevailing Rate	
General	15000	As Per Prevailing Rate	10,000	As Per Prevailing Rate	
Student	1500	As Per Prevailing Rate	1000	As Per Prevailing Rate	
Life Time	50,000	previous membership dues clear			

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.
- x The member shall ensure that all the attached documents are verifiable if not so, the Network reserve the rights to reject membership application.
- z 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.

	Submission Date:	
	Signature	
Che	ecklist for attachments with Membership form:	
□А	application form duly signed	
\Box P	assport size colored photographs	
\Box C	Copy of CNIC	
\Box D	Petailed CV	
\Box C	Copy of educational documents	
\Box T	wo Reference Letters/ Referees Name	
□ E:	xperience Letter/Certificate	
□F	or 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,	reasons	Signature
1.	☐Accepted ☐Rejected			
2.	☐Accepted ☐Rejected			
3.	□Accepted □Rejected			
4.	☐Accepted ☐Rejected			
Decision of the MAC				
□Accepted □Rejec	ted \square Deferred			
If accepted, category of member	ership			
□ Professional □ Gene	eral Student			
			Chairper	rson MAC
			Chairper	rson MAC
For accounts section use only:			Chairper	rson MAC
For accounts section use only:			Chairpe	rson MAC
For accounts section use only: Particulars	Details (Cheque/DD#)	Amount (Rs.)	Chairper	rson MAC Signature
	Details (Cheque/DD#)	Amount (Rs.)		