



National Register for Assessors
(NRA)
Membership Form



Please write in BLOCK LETTERS and tick the relevant boxes where applicable. You can use extra column if you require.				
PERSONAL INFORMATION				
Name (Mr / Dr / Mrs / Ms):				
Date of Birth: DD/ MM/ YY/		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
National ID Card No: - -		Designation:		
Company Name:				
Address (Office / Residence):				
Phone:		Fax:		Email:
INTERNATIONAL / NATIONAL / NPO COURSES ATTENDED			Duration	Year
Professional Memberships Professional Body Member Since				
Educational Record : List most recent educational experience				
Education Institution	Address	Years Attended		Qualifications obtained if any listing subjects and grades
		From	To	
a.				
b.				
Category Type	<input type="checkbox"/> Assessor <input type="checkbox"/> Lead Assessor			
References provided	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reference # 1		Reference # 2		
Name		Name		
Company		Company		
Designation		Designation		
Contact		Contact		

Employment Experience : List most recent employment experience

For each previous employment / job experience, please give designation, organization worked for, period of employment,& duties.

Organization	Job	From	To	Industry/Sector
Organization	Job	From	To	Industry/Sector
Organization	Job	From	To	Industry/Sector
Organization	Job	From	To	Industry/Sector

REGISTER INFORMATION

Please select the appropriate scope from the below mentioned scopes which can be supported by your experience:

- ☐ Aerospace
- ☐ Agriculture and fishing
- ☐ Basic metals and fabricated metal products
- ☐ Chemicals, chemical products and fibers
- ☐ Construction,
- ☐ Concrete, Cement, Lime, Plaster etc.
- ☐ Engineering services
- ☐ Financial intermediation
- ☐ Food products, beverages and tobacco
- ☐ Gas supply
- ☐ Health Services
- ☐ Hotels and Restaurants
- ☐ Human Resources
- ☐ Information tech
- ☐ Live Stock
- ☐ Machinery and equipment

- ☐ Mining and quarrying
- ☐ Non-metallic mineral products
- ☐ Nuclear fuel
- ☐ Pharmaceuticals
- ☐ Public administration Real estate and renting
- ☐ Recycling , beverages and tobacco
- ☐ Refined petroleum products
- ☐ Sales & Marketing
- ☐ Shipbuilding
- ☐ Food Products Strategic Implementation
- ☐ Textiles and textile products
- ☐ Transport, storage and communication
- ☐ Wholesale and retail trade
- ☐ Water supply
- ☐ Any other (please specify)

Audit and Training Experiences (Begin with the most recent)

(Use additional sheets, if needed.

[illegible]

PAYMENT INFORMATION			
(Payment in full must accompany application, Cheque / Draft / Pay Order payable to NPO-Pakistan) [Tick Only One]			
<input type="checkbox"/> Cash	<input type="checkbox"/> Draft / Cheque	Ch/DD# (if any):	Amount:
DECLARATION:			
I hereby declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the membership..			
I hereby also undertake to abide by the regulations of the Productivity Association of Pakistan and during the entire period of membership			
Date_____		Applicant Signature: _____	

FOR OFFICIAL USE ONLY			
ISSUING AUTHORITY			
Name & Designation		Signature and Official Stamp	
Membership No:		<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Date Joined:		N A Reason:	
Date of Expiry:			