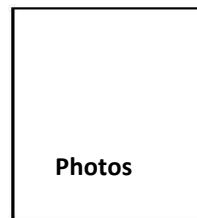




National Register for Trainers/Consultants
(NRT/NRC)
Membership Form



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 Female

National ID Card No: - - **Designation:**

Company Name:

Address (Office / Residence):

Phone: **Fax:** **Email:**

INTERNATIONAL / NATIONAL / NPO COURSES ATTENDED *Duration* *Year*

INTERNATIONAL / NATIONAL / NPO COURSES ATTENDED	<i>Duration</i>	<i>Year</i>

Professional Memberships **Professional Body** **Member Since**

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 Provisional Trainer Associate Trainer Lead Trainer
 Provisional Consultants Associate Consultants Lead Consultants

References provided Yes No

Reference # 1 **Reference # 2**

Name		Name	
Company		Company	
Designation		Designation	
Contact		Contact	

APPLICATION PROCESSING FEE

(Application Processing Fee in full must accompany application, Cheque / Draft / Pay Order payable to National Productivity Organization)
 [Tick Only One]

<input type="checkbox"/> Draft / Cheque / Pay Order #	Amount:
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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.

Applicant Signature: ----- Date: -----

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 :			