



# 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

### a. Personal Information

Name:			Passport size photograph to be stapled  Colored
Date of Birth:	Blood Group:		
CNIC #:	Nationality:		
Designation:	Organization:		
Temporary Address:			
Permanent Address:			
Preferred Mailing Address:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	
Res Tel:	Off Tel:	Cell No:	
Email 1:	Email 2:		
(At least one active email address is compulsory)			

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

Last Two Degrees	Year of Passing	Institution
1.		
2.		

### c. Work Experience (Not Required In case of student membership)

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

### d. Professional Associations/Membership

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

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

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f. **Area of Interest/Specialization/Expertise:**

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g. **What do you expect from HRDN in your professional development**

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h. **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**

i. **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.

<b>Submission Date:</b>
<b>Signature</b>

**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

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Approval by Membership Acceptance Committee

Name of MAC Member		If rejected, reasons	Signature
1.	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
2.	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
3.	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
4.	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
<p>Decision of the MAC</p> <p><input type="checkbox"/> Accepted      <input type="checkbox"/> Rejected      <input type="checkbox"/> Deferred</p> <p>If accepted, category of membership</p> <p><input type="checkbox"/> Professional      <input type="checkbox"/> General      <input type="checkbox"/> Student</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Chairperson MAC</p>			

For accounts section use only:

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