

HRD Network

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Website: <u>www.hrdn.net</u> Email: <u>info@hrdn.net</u>

Individual Membership Form

	Personal Information						
Date of Birth: Blood Group: Photograph to be stapled	Name:						Passnort size
CNIC #: Nationality: Designation: Organization: Organization Organi			Blood Group:				-
Designation: Organization: Temporary Address: Permanent Address: Permanent Address: Colored Preferred Mailing Address: Off Tel: Cell No: Email 2:							
Temporary Address: Permanent Address: Permanent Address: Permanent Address: Permanent Mailing Address: Permanent Mailing Address: Res Tel: Off Tel: Cell No: Email 2: (At least one active email address is compulsory) Education (In case of student membership application , please mention program currently enrolled) Last Two Degrees Year of Passing Institution Work Experience (Not Required In case of student membership) Position Year(s) From-To Organization Major Responsibilities/ Portfoli 2. Professional Associations/Membership Type of Membership Name of Professional Body Membership Since 1.							•
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2.			Name of Professional Body		IVI	iempersnip Since	
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3.	2.						
	3.						

e	Other Contribution/involvement in Individual and Inst	titutional capacity building	j.
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-			
•	Area of Interest/Specialization/Expertise:		
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g.	What do you expect from HRDN in your professional d	levelopment	
h.	Recommendations by two HRDN members (i.e. one Fo	Founder member, professional or	organizational member)
	Name	Membership ID	Signature
1	-	†	

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)	J	oining Fee	Annual Fee		
Category	PKR USD		PKR	USD	
Professional	10,000 65		8,000	52	
General	7,000	45	6,000	39	
Lifetime		50,000/-		-	
Student	0 0		300	2	

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.
- Z 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" 3/4 consensus.
- 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							
Chec	klist for attachments with M	lembership forn	n:					
□Pa	oplication form duly signed ssport size colored photogra ppy of CNIC	phs						
	etailed CV							
	py of educational document							
	vo Reference Letters/ Refere perience Letter/Certificate	es Name						
	r student membership, appli	cants should sen	d their stud	lying certi	ficates fror	n their institut	ional heads	
			For o	office use	only			
_					,			
For	office use only Approval by Membership Ac	ceptance Comm	ittee					
-	ame of MAC Member				If rejected	reasons	Signature	
1.		□Accepted	□Rejecte	d				
2.		□Accepted	□Rejecte	d				
3.		□Accepted	□Rejecte	d				
4.		□Accepted	□Rejecte	d				
De	ecision of the MAC							
	Accepted □ Reject	cted \Box D	eferred					
lf :	accepted, category of membe	ership						
	Professional □Gene	eral 🗆 S	Student					
					_	Chairpe	rson MAC	
For a	accounts section use only:							
Pa	rticulars	Details (Cheque	·/DD#)	Amoun	t (Rs.)	Receipt #	Signature	
Ar	nnual Fee							
Jo	ining Fee							