

Paste 1"x1" latest photograph (Pls don't staple)

Instructions

1. Please attach documentary evidence for qualification, trainings etc.
2. Please provide two latest photographs (size 1"x1") duly attested at back side excluding one pasted at page 1.
3. Please attach one attested copy of CNIC.
4. Extra sheets can be attached.
5. Please keep one copy of this form after filling and signature with you for record.
6. Please ensure your completed application as per checklist duly marked is received in CeSP office on/before closing date through mail/courier only
7. Personal visit for submission of application is not allowed and may lead to disqualification.

Certification Scheme Applied _____

Personal Information & Contact Details

Name: _____ Father's Name: _____
(in Capital Letters)

CNIC No: _____ Date of Birth (mm-dd-yy): _____

Nationality: _____ Religion: _____

Office Address: _____

Cell No. (Off): _____ Cell No. (Personal): _____

Ph Nos. (Off): _____ Fax No. _____

E-mail (Off): _____

E-mail (Personal): _____

Residence Address: _____

Ph No. (Res) _____ Fax (Res) _____

Permanent Address: _____

Ph Nos. (Res) _____ Fax (Res) _____

Qualifications

Degree	Duration		Major Subjects	Grade/Division	Institution/Board University
	From	To			

Field of Expertise

Field / Area of Expertise	Nature of Work Performed	Duration (No. of years)

Professional Training Courses

Title	Trainer Organization	Duration		Institution	Place of Training
		From	To		

Experience

Name of Employer	Position	Duration		Nature of Work
		From	To	

Workshops/Seminars/Short Courses

Title	Year	Organization

Membership of Professional Organizations

Membership Type	Institution / Org / Society	Validity Period	
		From	To

Medical Fitness:

The candidate shall provide following Medical Certificates:

- a) Near vision
- b) colour vision

Certification Scheme Fee

Fee in the shape of Bank draft/Demand draft/Cash/Cheque in the name of Certification Services Pakistan (Pvt.) Ltd

Fee (Rs.)		Draft No.		Attached Yes or not	
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Application Check List for Applicants

#	Document to be attached	Yes	No
1	Send in Original only One Copy of Application Form and Only One Copy of All Supporting Documents		
2	Documents are clearly identify able and attached in the same order as required in the application form		
3	Keep a copy of Application for your record		
4	Application fee Draft or receipt enclosed with application		
5	All personnel information & Contact Details are correctly filled		
6	All Qualification, Experience, Professional training Courses, Experience, Workshops/Seminars detail have been listed		
7	All required Documents are attached		
8	Declaration is signed and dated		
9	Checklist is marked		
10	Medical Fitness Certificate		

DECLARATION:

I certify that the information contained in the application and all documents attached thereto, are factual and accurate to the best of my knowledge and hereby requested assessment by the qualification review committee. I agree to proceed with CeSP’s certification process, present myself at CeSP office for appear in the examination, abide by the certification committee decision and sign policy for use of certification mark/ logo at the time of issuance of qualification certificate.

Signature: _____

Name: _____

Date: _____

For Office Use Only

To be Filled by Authorized Person of CeSP

- 1. Pre requisites defined in PCP-09 completed? Yes No
- 2. Medical Fitness Certificate provided? Yes No
- 3. Completed documents required attached with application? Yes No
- 4. Certification Fee Submitted? Yes No
- 5. Recommended for certification process initiation? Yes No

6. In Case of "No"

Reason for rejection/Decline of Application _____

Registration/Application NO. _____

Recommended/Not Recommended

Approved/ Not Approved

(Scheme Manager)

(CEO CeSP)