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| Rev. Date    | -           |
| Page No.     | Page 1 of 4 |

STUDENT APPLICATION FORM

**Certification Programs:**

I am applying for admission to the (Check the appropriate box) given below Human Resource Certification programs;

Certified Human Resource  
Generalist – **CHRG®**

Certified Human Resource  
Professional – **CHRP®**

Certificate in Human Resource  
Management – **CHRM™**

Paste your recent  
Passport / Stamp Size photo

**Type of Certification you apply for:** (Please tick box)

- Initial Certification       Re-Certification       Area(s) of expertise add-on

Please complete this form full by printing clearly in black or blue ink. If additional space is required, attach a separate sheet, indicating the section number that it refers to.

Return the form in hard copy to our campus located at;

**International Institute of Human Resources**

No.22, Guru Plaza, Hosur Main Road, Near Total Mall, Madivala, Bangalore – 560068, Karnataka

Web: [www.iihr.edu.in](http://www.iihr.edu.in) E-mail: [enquiry@iihr.edu.in](mailto:enquiry@iihr.edu.in) Tel: +91 80 2553 54 55

**Personal Information**

|                              |                 |           |                |
|------------------------------|-----------------|-----------|----------------|
| Title                        | First Name      | Last Name | Male / Female  |
| Date of Birth (dd/mm/yyyy)   | Nationality     |           | Marital Status |
| Category (Gen/SC/OBC/Others) | Languages Known |           |                |
| Mobile Number                | E-mail Id       |           |                |

**Present Address**

**Permanent Address**

|       |  |       |  |
|-------|--|-------|--|
| _____ |  | _____ |  |
| _____ |  | _____ |  |

|        |        |        |        |
|--------|--------|--------|--------|
| City : | State: | City : | State: |
|--------|--------|--------|--------|



## Family Background

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse Name (if married): \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

## Academic Record

List all School / Colleges / Universities you have attended. You must provide a copy of your Provisional / Convocation Certificate of your highest qualification at the time of admission.

| Qualification | Year From - To | Name of School / College / Institute & Place | Name of Board / University and Place | % or CGPA |
|---------------|----------------|--|--------------------------------------|-----------|
| X Std.        |                |  |                                      |           |
| +2 / PUC      |                |  |                                      |           |
| Degree        |                |  |                                      |           |
| Masters       |                |  |                                      |           |
| Doctorate     |                |  |                                      |           |



## Professional Experience

Provide the details of your previous work experience, if any. You must provide a copy of your experience or relieving letter from your last employer at the time of admission.

| Name of the Organization | Designation | Location | Year From - To |
|--------------------------|-------------|----------|----------------|
|                          |             |          |                |
|                          |             |          |                |

## KYC Documents Details

Please provide your valid. Govt. of India ID & Address Proof details. You must provide a copy of your PAN Card and copy of any other document mentioned below at the time of admission.

| Name of the Document | Number | Issued By | Valid From | Valid To |
|----------------------|--------|-----------|------------|----------|
| PAN Card             |        |           |            |          |
| Aadhaar Card         |        |           |            |          |
| Passport             |        |           |            |          |

**Other Certification Course:** Have you done any certification course from any other Institute? If so please mention the Certification & Name of the Institute?

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**Personal Statement:** Explain Why you are applying for this course, what you intent to learn from it, and how benefit your professional development or / and your organization

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**Documents Checklist:** Along with the completed application, please ensure to include the following;

- ❖ Passport Size Photos – 5 Nos.
- ❖ Stamp Size Photo – 2 Nos.
- ❖ PAN Card Copy
- ❖ Aadhar Card Copy
- ❖ Photocopy of Educational Certificates



### Candidate Declaration:

Once you have completed this application form, please read the following statements carefully. By signing this application form you confirm your acceptance of these statements. If you do not sign this form, we cannot process your application.

- I declare that the information supplied on this form and the information given in support of my application is to the best of my knowledge true, accurate, current and complete; and I agree to notify IIHR promptly if any information contained on this application form should change, in order to keep it true, accurate, current and complete.
- I declare to supply any additional information needed for the assessment.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a rejection of the application or in the withdrawal of my certification at any time as applicable.
- Disputes of any kind during the admission process or the course / program are subject to jurisdiction of Bangalore courts only.
- I acknowledge that IIHR reserves the right to seek verification from other relevant bodies of the standing of my claimed qualifications and any other provided information in this application.
- I certify that I will undertake to observe and comply with all ordinances and regulations of IIHR as well as the Code of Conduct for Certification issued by IIHR. I acknowledge that any violation against the Code of Conduct as well as against the ordinances and regulations of IIHR may result in the withdrawal of my certification.
- I certify that I understand fully the certification & re-certification processes – including the terms and conditions and the applicable fee structures.
- I certify that I understand that the certification process is not a solicitation for training at IIHR. I consent to the collection, processing and use of relevant personal data by IIHR.
- I understand that such personal data may be used and shared with third parties for the purposes of verifying my identity, qualifications, work experience, references and any submitted work.
- I understand that if I become a Certified person, any personal data collected by IIHR as a result of my application will form part of my certification record.
- I acknowledge that following a successful certification my full name, my certification number and the expiration date may be published on the internet website of IIHR.

#### For Internal Use Only

|                            |  |                              |  |
|----------------------------|--|------------------------------|--|
| Application Received Date: |  | IIHR Registration No.:       |  |
| Payment Received Date:     |  | Application Evaluation Date: |  |