



Document No.	IIHR-QF-30
Issue No	01
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Application for Recertification For:

CHRP

CHRG

Affix Photo
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Certificate No: _____

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

Please return the form at the above-mentioned address.

Personal Information:

— Title First Name Last Name

Correspondence Address:

City: _____

Mobile No: _____

E-Mail ID: _____

Details of Credits Earned:

Sr. No.	Category	Details of proof submitted for obtaining credits	No. of Credits Applied For
1	Certification Exam		
2	College / University Courses		
3	Conferences, Seminars, Workshops, and Training Sessions		
4	Independent Study		

PREPARED & ISSUED BY

REVIEWED & APPROVED BY

CERTIFICATION MANAGER

DIRECTOR



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5	Licenses and Certifications		
6	Published Articles, Books and/or Blogs		

Sr. No.	Category	Details of proof submitted for obtaining credits	No. of Credits Applied For
7	Thesis/ Dissertation		
8	Career Development		
9	Association or Professional Society Membership		
10	On-the-job Experience		

Applicant's Statement:

I certify that all of the information included in my application is true, complete and accurate. I understand that all components of my application are subject to verification and I give my permission for any person or entity to provide IIHR or its duly authorized agent with information relevant to such verification. If IIHR determines that I have omitted or in any way misrepresented in facts, I agree that my certificate may be withdrawn. Disputes of any kind during the recertification process are subject to jurisdiction of Bengaluru courts only. I understand that all components of my application become the property of IIHR and that they will not be returned to me or duplicated for me. I understand that the Recertification Fee is not refundable or not transferrable.

CANDIDATE SIGNATURE

DATE

PREPARED & ISSUED BY	REVIEWED & APPROVED BY
CERTIFICATION MANAGER	DIRECTOR