



Institute of Chartered Professionals

PROFESSIONAL AWARDS & ELECTION SCHEME

Application Form

Certification Body

Please Complete in BLOCK Letters

A. SECTION I (To be completed by Candidate)

A1. Personal Detail

Title: [Prof. / Dr. / Mr. / Mrs. / Ms.]

*Please delete the inappropriate

Gender: Male _____ Female _____

Name : _____ Date of Birth: _____
Given Name Sure Name Day / Month / Year

Place of Birth: _____ Passport No. _____

Nationality: _____

A2. Contact Information

Company / Organization Name: _____

Position: _____

Telephone: _____ Fax: _____

Mobile Phone: _____ E-mail: _____

Company Website: _____

Correspondence Address: _____

A3. Education & Training

Course Name Qualification Awarding Institution

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A4. Professional Qualification

Type of Membership Qualification Awarding Institution

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Publications / Papers:

A5. Current and Previous Positions / Directorships

Position Name of Company Duration

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A6. Personal Achievement Awards

Award Name Awarding Institution Date

_____	_____	_____
_____	_____	_____

I would like to apply for:

- ASSOCIATESHIP(AICP)
- MEMBERSHIP (MICP)
- FELLOWSHIP(FICP)
- FELLOWSHIP AWARD (LIFE TIME)
- DOCTORATE AWARD (DICP)
- HONORARY FELLOWSHIP AWARD
- ADJUNCT PROFESSOR
- VISITING PROFESSOR
- HONORARY PROFESSOR
- HONORARY DOCTORATE

A7. Supporting Documents

1. Achievement Summary: On a separate attachment, please write an achievement summary either in English (600 words) which highlights your contribution in your own field.

2. Supporting Documents: Please attach any commendations, statements of authorities, honors and awards which testify and substantiate the nominee's achievements.

A8. Check-list

- 2 recent color portraits
- Resume/CV
- Achievement Summary
- Supporting Documents

B. SECTION II Reference Information

Name : _____
Occupation: _____
Relationship with
Candidate: _____
Company / Organization Name: _____
Company Address: _____

Telephone: _____
Fax: _____
E-mail: _____
Company Website: _____

C. Section III Declaration

I attest to all the details in this Application form, and hereby declare that the information is true to the best of my knowledge.

Signature of Candidate: _____

Date: _____

Fees

Membership Awards AICP MICP FICP 120 dollars per year

Membership Awards life time 700 dollars AICP MICP FICP

Fellowships Awards Life time 700 dollars

Doctorate of institute of chartered professionals DICP 700 dollars all discipline