



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 E-mail: 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?

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

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:	