

APPLICATION FOR UPGRADE MEMBERSHIP

PLEASE ✓ THE CATEGORY OF MEMBERSHIP YOU WANT TO UPGRADE TO

MCPM

☐

FCPM

☐

Current Membership No.

Name with initials

Mr. / Ms. / Mrs.

(to be filled in block letters)

Date of being awarded the membership the first time :

(date mentioned in the certificate)

The criteria under which you wish to apply for upgrading the membership ?

(Tick the appropriate cage)

☐

ACADEMIC / PROFESSIONAL ACHIEVEMENTS

☐

CAREER / EXPERIENCE ACHIEVEMENTS

☐

RE-EVALUATION OF APPLICATION

☐

COMPLETION OF REQUIRED EXPERIENCE (POST ACPM / MCPM)

☐

OTHER (Pls. specify).....

Facts supporting the above selection :

(Compulsory)

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Contributions made towards CPM activities since you were first awarded membership :

(Compulsory)

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Any other Institutional / Professional memberships or Academic Qualifications received during this period :

(Pls. specify)

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Fill in the following based on your own evaluation ;

Junior Level:

Name of the Organization	Your Designation	Designation of the Officer You Reported to	Service Duration (No. of Years/Months)

Middle Managerial Level:

Name of the Organization	Your Designation	Designation of the Officer You Reported to	Service Duration (No. of Years/Months)

Senior Managerial Level :

Name of the Organization	Your Designation	Designation of the Officer You Reported to	Service Duration (No. of Years/Months)

Total working experience :

NB: You are requested to submit your CV and copies of relevant documents / certificates, along with this application.

DECLARATION

I declare that the information contained in this application is true, correct and complete to the best of my knowledge and belief. I acknowledge that any statement contained herein, which is known by me to be false, may invalidate this application.

I undertake that, if admitted as a member, I will, so long as I remain a member of CPM, abide by the laws and all regulations made thereunder. I further undertake that I will use the symbolic initials 'MCPM / FCPM' as applicable only while I remain a member of CPM and, I am aware that failure to pay annual subscriptions, may lead to removal from the register of members. I am aware of the importance of professional values, ethics and behaviours and my obligation to CPM's code of ethics.

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Signature

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Date

For official use:**Opinion-1**

Recommended for Next Level ☐

Not Recommended for Next Level ☐

Reason for not recommending:

- ☐ Insufficient Academic / Professional Qualifications
- ☐ Insufficient Senior Mgmt. Experience

Remarks:

.....

.....

Sgnd.

Opinion-2

Recommended for Next Level ☐

Not Recommended for Next Level ☐

Reason for not recommending:

- ☐ Insufficient Academic / Professional Qualifications
- ☐ Insufficient Senior Mgmt. Experience

Remarks:

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Sgnd.

Opinion-3

Recommended for Next Level ☐

Not Recommended for Next Level ☐

Reason for not recommending:

- ☐ Insufficient Academic / Professional Qualifications
- ☐ Insufficient Senior Mgmt. Experience

Remarks:

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Sgnd.