INSTITUT PENGURUSAN SUMBER MANUSIA MALAYSIA
Malaysian Institute of Human Resource Management

APPLICATION FORM FOR CERTIFICATED PROGRAMMES

(Complete this form in BLOCK LETTERS)

Affix Passport Sized Photo

PROGRAMME APPLIED FOR:

☐ Professional Diploma in Human Resource Mgt

☐ Professional Certificate in Human Resource Mgt

☐ Others _____

_____

_____

OFFICE USE ONLY

APPROVED ( )

OPTION: _____

_____

_____

DATE:

VERIFIED BY:

_____

MANAGER

1. PERSONAL PARTICULARS

FULL NAME (AS NRIC):	
NRIC NO:	DATE OF BIRTH:
MARITAL STATUS:	SEX:
INTAKE : Evening / Saturday / Sunday Classes*	
LOCATION :	
RESIDENTIAL ADDRESS:	
MOBILE PHONE NO:	TEL NO:
OFFICE ADDRESS:	
	TEL NO:
	FAX NO:
E-MAIL:	
CORRESPONDENCE ADDRESS: Residential / Office*	

2. CURRENT APPOINTMENT

DESIGNATION:	DATE APPOINTED:
POSITION / RANK:	
DEPARTMENT / SECTION:	
NAME OF COMPANY:	
NATURE OF BUSINESS:	
Describe briefly your main duties:	

**Please delete as necessary*

3. ACADEMIC BACKGROUND (Enclose of relevant documents the highest degree / diploma / certificate attained)

SCHOOL, COLLEGES, UNIVERSITY	YEAR OF STUDIES	QUALIFICATION

4. CAREER HISTORY (Recent 2 positions)

EMPLOYER'S NAME & ADDRESS	POSITION HELD	DATE JOINED & LEFT
1)		
2)		

5. PAYMENT (Company / **Self Sponsored**)

NAME OF COMPANY:	MIHRM CORPORATE MEMBERSHIP NO (IF ANY):
CONTACT PERSON:	DESIGNATION:
TELEPHONE NO:	FAX NO:

SELF SPONSORED APPLICANT: MIHRM MEMBERSHIP NO (IF ANY):

MODE OF PAYMENT:

(Please tick)

☐ Lump Sum : Cash or Cheque (Payable to "MIHRM")

☐ Instalment : Please collect the "Letter of Undertaking" from the Institute for the instalment plan.

☐ Others : _____

(Please Indicate)

6. REFERENCE

NAME	TELEPHONE
1)	
2)	

7. DECLARATION

.1 I declare that all particulars and information supplied in connection with this Application are true and correct to the best of my knowledge and belief. If any of the above to be untrue, I agree that MIHRM reserves the right to act accordingly.

.2 I hereby authorise MIHRM to make reference checks to use information in this Application for whatever purpose as may be necessary in furtherance to the objective of MIHRM.

NOTE: Please return this form to MIHRM with a crossed cheque / money order or cash **RM 275.00** being the Registration Fee made payable to MALAYSIAN INSTITUTE OF HUMAN RESOURCE MANAGEMENT (MIHRM).

Signature: _____ Date: _____