

National Register for Trainers/Consultants (NRT/NRC) Membership Form

Photos

Please write in BLOCK LETTERS and	tick the relevant boxes where appl	icable. You can use ext	ra column if you	require.
PERSONAL INFORMATION				
Name (Mr / Dr / Mrs / Ms):				
Date of Birth: DD/	MM/ YY/	Gender:	Male	□ Female □
National ID Card No:			Designation	on:
Company Name:				
Address (Office / Residence):				
Phone:	Fax:			Email:
INTERNATIONAL / NATIONAL	/ NPO COURSES ATTENDE	D	Duration	Year
Professional Memberships	Professional	Body		Member Since
E	lucational Record : List mo			ice
Education Institution	Address	Years	Attended	Qualifications obtained if any
Education msutution	Address	From	То	listing subjects and grades
a.				
b.				
Category Type	□Provisional Trainer □ Associate Train		ainer	□Lead Trainer
77.0.7 77.	□Provisional Consultants	☐ Associate Cons	ultants	Lead Consultants
References provided	Yes 🗆		No	
Refere	ence # 1		Re	eference # 2
Name		Name		
Company		Company		
Designation		Designation	1	
Contact		Contact		

Employment Experience: List most recent employment experience

For each previous employment / job experience, please give organization worked for, designation, period of employment and sector (provide job details in the CV).

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Organization	Job Title	From	То	Industry/Sector
Organization	Job Title	From	То	Industry/Sector
Organization	Job Title	From	То	Industry/Sector
Organization	Job Title	From	То	Industry/Sector
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REGISTER INFORMATION

Please select the appropriate scope from the below mentioned scopes which can be supported by your experience:

Aerospace

Agriculture and fishing

Basic metals and fabricated metal products Chemicals, chemical products and fibres

Construction

Concrete, cement, lime, plaster etc.

Engineering services Financial intermediation

Food products, beverages and tobacco

Gas supply
Health Services
Hotels and restaurants
Human Resources
Information Technology

Live Stock

Machinery and equipment

Mining and quarrying

Non-metallic mineral products

Pharmaceuticals
Public administration
Real estate and renting

Recycling , beverages and tobacco Refined petroleum products

Sales & Marketing

Shipbuilding Food Products Strategic Implementation Textiles and textile products

Transport, storage and communication

Wholesale and retail trade

Water supply

Any other (please specify)

Training/Consultancy Experience (Begin with the most recent)

(List only experiences with adult learners). Use additional sheets, if needed.

Course Name	Location	Year	Skill Type	
			Technical □ Soft □	
			Technical Soft	
			Technical 🗆 Soft 🗆	
			Technical Soft	T

A DDI LOATIONI DROCEGGING FEE	
APPLICATION PROCESSING FEE	
(Application Processing Fee in full must accompany application, Cher [Tick Only One]	que / Draft / Pay Order payable to National Productivity Organization)
□ Draft / Cheque /Pay Order #	Amount:
DECLARATION:	
I hereby declare that the information as provided by me in this dedeclaration of information on my part will disqualify me from the	ocument is true and accurate. I understand and accept that any false membership.
Applicant Signature:	Date:
FOR OFFICIAL USE ONLY	
ISSUING	AUTHORITY
Name & Designation	Signature and Official Stamp
Membership No:	☐ Accepted ☐ Not Accepted
Date Joined:	NA Reason:
Date of Expiry:	