

	BMQR CERTIFICATIONS PVT LTD	FORM No: BMQR/PCMS/TRG/020
	COURSE APPLICATION FORM (CAF)	REV No: R0

PERSONAL DETAILS			
Name			
<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Date of Birth		Nationality	
Address			
Email ID			
Contact No.			
Course you are applying for (Title)			
Company Name			
Designation			

ACADEMIC, PROFESSIONAL AND TRAINING QUALIFICATION	
Professional Qualification	
Background/ Experience in the Standard	
Training attended related to audit.	

OTHERS

1. What is the need for you to attend this training? (Choose one or more)	<input type="checkbox"/> To improve my knowledge and skill <input type="checkbox"/> To get promotion <input type="checkbox"/> To get better job <input type="checkbox"/> To become a consultant <input type="checkbox"/> To become full time auditor in a certification body <input type="checkbox"/> To become Freelancer <input type="checkbox"/> Others (Please Specify _____)
2. Do you have the following hardwares?	<input type="checkbox"/> Android Mobile Phone <input type="checkbox"/> Laptop with Internet Connection <input type="checkbox"/> Desktop with Internet Connection
3. Medium of Language preferred	<input type="checkbox"/> English <input type="checkbox"/> Tamil <input type="checkbox"/> Hindi <input type="checkbox"/> Others (Please Specify _____)
4. Do you give consent to be one of the participant of our WhatsApp group "BMQR AUDITOR FORUM"	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand the pre-requisites for attending this course & confirm to meet the minimum criterion and hereby declare that the above written particulars are true to the best of my knowledge and belief. I also agree to comply with the certification requirements and to supply any information needed for the assessment

Attach:

1. ID proof
2. Photo
3. Educational certificate copy
4. Experience certificate / self-attested resume
5. Previous training certificates.

Date: _____

Signature: _____

For office use only

- The applicant complies with the application requirements of the certification scheme.
 Need more details

Date: _____ Reviewed by _____