Chief Executive Officer

National Cleaner Production Centre

No 66/1,Dewala Road

Nugegoda

Sri Lanka.

I hereby apply for being certified as a …………………………………………… under the Certification Scheme of Environmental Management System (EMS) Consultants operated by the National Cleaner Production Centre, Sri Lanka (NCPC).

My personal details in relation to the certification status sought are given below.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| * 1. **Full Name of Applicant:** Dr./Mr./Mrs./Ms. (delete as appropriate) | **Photo** (Please affix here a passport size photo taken within last 6 months) |
| * 1. **Name of applicant with initials:** |
| * 1. **NIC Number:** |
| * 1. **Postal Address of Applicant**   Telephone: Fax: E-mail: |

1. **Certification sought**

|  |
| --- |
| **2.1 Name of the Certification Status sought** (Please refer to the NCPC website; www.ncpcsrilanka.org) |

1. **BACKGROUND INFORMATION**

**3.1 Educational Qualifications**

|  |
| --- |
| **3.1.1 Name of the Educational Institute, Awarding year & the Status of Award** (Indicate in the chronological order, as relevant to the certification sought) |

**3.2 Details of Current Employment**

|  |  |
| --- | --- |
| **3.2.1 Name of the Organization** | **3.2.2 Postal Address** (The place where you are employed) |
| **3.2.3 Job Title:** | Telephone:  Fax:  E-mail: |

**3.3 Work Experience**

|  |
| --- |
| **3.3.1 Name of the Institute, Designation & years of experience** |

* 1. **Professional Qualifications**

|  |
| --- |
| **3.4.1 Name of the Awarding Institute, year & the Status of Qualification** |

1. **QUALIFICATIONS RELATED TO THE SPECIFIC TRAINING**

|  |
| --- |
| **4.1 Name of the Institute, Topic of Training & Duration** (Indicate your training obtained as relevant to the certification sought) |

1. **CONSULTANCY WORK PERFORMED**

|  |
| --- |
| **5.1 Name of the Organization and topic of consultancy undertaken** (Indicate the consultancy projects undertaken) |

1. **ACTIVITIES PERFORMED AS AN EMS CONSULTANT (Please refer to RL-PC-01 section 3.0)**

|  |  |
| --- | --- |
| Activities performed during in related areas | Description |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **PAYMENT DETAILS**

I have enclosed here a cheque/money order/payment slip for LKR ………………. as certification fee.

1. **DECLARATION BY APPLICANT**

I declare that –

1. I agree to abide by the NCPC code of conduct (Rules for Qualification & Certification (RL-PC-01) 6.0).
2. I will maintain satisfactory work ethics and activities without significant interruption in the profession.
3. I will inform so to the NCPC, If I no longer fulfil the certification requirements.
4. I understand that the NCPC is authorized to revoke the certificate if I counteract this declaration.
5. I accept that the information supplied in this application is true and correct for the personnel category for which certification is sought.
6. The NCPC may gather any information necessary to determine my qualifications for certification.
7. I agree to provide a third party with my personal data if necessary to determine my qualifications for certification or to verify my certification.
8. The undersigned releases and discharges the NCPC from any and all liabilities which may arise on account of the undersigned ‘s activities certified by the NCPC.

Signature of applicant: Date:

1. **STATEMENT BY THE REFEREE**

|  |  |
| --- | --- |
| **8.1 Name of the Referee** |  |
| **8.2 Organization employed** |  |
| **8.3 Relationship to the Applicant** |  |
| **8.4 Address of Correspondence** |  |
| **8.5 Contact Details** | Telephone:  Fax:  E-mail: |

I declare

1. That I am an authorized person of the applicant (eg. employer and nonrelative)
2. That I will take all the responsibilities that are conferred upon employer/referee through provision of employment/consultancy to the applicant.
3. That the above information on work experience provided by …………………………………………………………………………. (applicant’s name) and the details of referee are true and accurate.
4. Seal of the verifying authority

Signature of referee: Date: