

APPLICATION FORM FOR CERTIFIED PRODUCTIVITY SPECIALIST

Please complete all fields and where sections are not applicable, please indicate "N.A.". All supporting documents, and cheque of _____ for application and assessment fees must be submitted together with your application. Incomplete application shall not be processed. Please contact the secretariat at email: isg@npcindia.gov.in should you have any enquiries.

For Official Use
Applicant Reference: _____

APPLICANT PERSONAL PARTICULARS			
Full Name	_____		
Nationality:	_____	Country of Birth:	_____
Passport No.:	_____	Date of Birth:	_____
Gender:	_____		
Correspond Address:	_____ _____		
Home Phone:	_____	Mobile Phone:	_____
Business Phone:	_____	Email Address:	_____

Please attach a recent passport-sized photograph with your name written at the back. Digital copy with signature is acceptable.

EMPLOYMENT BACKGROUND (List Most Recent Employment FIRST)			
Name of Company	Position	Period (YYYY)	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach your Curriculum Vitae.

EDUCATIONAL & ACADEMIC BACKGROUND (List Most Recent Qualification FIRST)			
Name of Educational Institution	Education Level Attained	Period (YYYY)	
		From	Till
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach copies of the certificates with your application.

PROFESSIONAL CERTIFICATION				
Name of Organization / Certification Body	Certification	Year Joined	Validity (MMM- YYYY)	
			From	Till
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach copies of the certificates with your application.

APPLICANT'S AREA OF INDUSTRY EXPERIENCE (Check where applicable)					
<input type="checkbox"/>	Digital Productivity	<input type="checkbox"/>	Private Healthcare	<input type="checkbox"/>	Electrical and Electronics
<input type="checkbox"/>	Chemicals and Chemical	<input type="checkbox"/>	Tourism	<input type="checkbox"/>	Retail and F&B
<input type="checkbox"/>	Professional Services	<input type="checkbox"/>	Agro-food	<input type="checkbox"/>	Machinery and Equipment
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

APPLICANT'S AREA OF PRODUCTIVITY EXPERTISE (Check where applicable)

1. Applicants must have knowledge and experience in productivity diagnosis technics.
2. Applicants must have knowledge and understandings of at least 8 Productivity Solutions under the category of basic and focus productivity improvement solution. Note: Each area declared shall be supported with a copy of certificate of attendance of the respective course attended.

PRODUCTIVITY DIAGNOSIS					
<input type="checkbox"/>	Productivity Gain Measurement	<input type="checkbox"/>	Business Excellence	<input type="checkbox"/>	Financial Analysis
<input type="checkbox"/>	Organization Climate Survey	<input type="checkbox"/>	Process Failure Mode Effect Analysis (PFMEA)	<input type="checkbox"/>	Value Stream Mapping
<input type="checkbox"/>	Data Collection and Analysis	<input type="checkbox"/>		<input type="checkbox"/>	

BASIC PRODUCTIVITY IMPROVEMENT SOLUTIONS					
<input type="checkbox"/>	5S	<input type="checkbox"/>	Quality Control Circles	<input type="checkbox"/>	Quality Control tools
<input type="checkbox"/>	7 Wastes	<input type="checkbox"/>	Kaizen	<input type="checkbox"/>	Method Study
<input type="checkbox"/>	Visual Management	<input type="checkbox"/>	Operation Research Techniques	<input type="checkbox"/>	Labor Management Cooperation
<input type="checkbox"/>	Key Performance Indicator Management	<input type="checkbox"/>		<input type="checkbox"/>	

FOCUS PRODUCTIVITY IMPROVEMENT SOLUTIONS					
<input type="checkbox"/>	Balanced Scorecard	<input type="checkbox"/>	IOT (Internet of Things)	<input type="checkbox"/>	Green Productivity
<input type="checkbox"/>	Statistical Control	<input type="checkbox"/>	Material Flow Cost Accounting	<input type="checkbox"/>	Design Thinking
<input type="checkbox"/>	Data Analytics	<input type="checkbox"/>	TPM (Total Productive Maintenance)	<input type="checkbox"/>	Bench Marking
<input type="checkbox"/>	Statistical Control	<input type="checkbox"/>	Business Excellence	<input type="checkbox"/>	Design Thinking
<input type="checkbox"/>	LEAN Management	<input type="checkbox"/>	SIX Sigma	<input type="checkbox"/>	Digital Transformation
<input type="checkbox"/>	Business Process Re engineering	<input type="checkbox"/>	Change Management	<input type="checkbox"/>	Knowledge Management
<input type="checkbox"/>	Total Quality Management	<input type="checkbox"/>	Human Resource Management	<input type="checkbox"/>	Customer Satisfaction
<input type="checkbox"/>	Strategic Management	<input type="checkbox"/>	Smart Manufacturing	<input type="checkbox"/>	Digital Transformation
<input type="checkbox"/>	Supply Chain Management	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

APPLICANT'S SERVICES (Check where applicable)					
<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Research	<input type="checkbox"/>	
<input type="checkbox"/>	Training	<input type="checkbox"/>	Promotion	<input type="checkbox"/>	

APPLICANT'S PRODUCTIVITY IMPROVEMENT PROJECT			
DESCRIPTION OF ASSIGNMENT (Selected productivity improvement projects undertaken.)			
Client Company:			
Title of Project:			
Project Period:			
Contact Person:		Title/Position:	
Email Address:		Phone:	
Team Size:		Hours Spent by Team:	
Your Project Role:		Hours Spent by You:	
Type of project: <input type="checkbox"/> Consultancy <input type="checkbox"/> Training <input type="checkbox"/> Research <input type="checkbox"/> Promotion			
Major Problems Encountered	Problem Resolution	Impact to Client	
Additional Information (if any):			

Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.

APPLICANT'S PRODUCTIVITY IMPROVEMENT PROJECT (2)

DESCRIPTION OF ASSIGNMENT (Selected productivity improvement projects undertaken.

Client Company:	[REDACTED]		
Title of Project:	[REDACTED]		
Project Period:	[REDACTED]		
Contact Person:	[REDACTED]	Title/Position:	[REDACTED]
Email Address:	[REDACTED]	Phone:	[REDACTED]
Team Size:	[REDACTED]	Hours Spent by Team:	[REDACTED]
Your Project Role:	[REDACTED]	Hours Spent by You:	[REDACTED]

Type of project: Consultancy Training Research Promotion

Major Problems Encountered	Problem Resolution	Impact to Client
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Additional Information (if any):
 [REDACTED]

APPLICANT DECLARATION

I declare that:

1. The information provided for the certification of Productivity Specialist and accompanying information supporting documents are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts.
2. I am not an undischarged bankrupt and I have never been charged or convicted in any Court of Law or detained under the provisions of any written law.
3. I am not presently, nor have I been within the past three years, the subject of any civil legal action directly relating to my management consulting practice.
4. I am not presently, nor have I been within the past three years, the subject of any client's complaint filed with a past project works.
5. I am not presently, nor have I been within the past three years, the subject of any disciplinary action by any professional association.
6. I have not been debarred from any government schemes/programs, etc. I acknowledge and agree that the PCBP reserves the right to ascertain the applicant's claims with relevant parties (e.g. government agencies, associations, client contacts, etc.)
7. I am agreeable that the NPC-CB has the right to verify and obtain information with all parties as they think fit, with regards to the information and supporting documents provided by me in this application.
8. I hereby agree that NPC-CB may collect, obtain and retain my personal/business data for administration of my application and use (via phone call, notices, emails or mail) to inform me of future events, updates, news and materials related to NPC-CB.

Upon being certified as a Registered Productivity Specialist:

9. I shall abide by the NPC-CB Code of Professional Conduct and will be subjected to any disciplinary actions by NPC-CB if I breach the conditions stated in the Code of Professional Conduct.
10. I shall inform NPC-CB, without delay, on matters that can affect the capability of myself to continue to fulfil the certification requirements.

If applicable only:

11. If you have any special requests to be accommodated by the NPC-CB to be a Certified Productivity Specialist, please provide details (with reasons) as follows. Otherwise, please indicate "N.A."

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(To use separate piece/s of paper if necessary.)

Name of Applicant:	Signature:
National Identity No.:	Date:

Checklist of Application Documents Submission:

- Completed and signed application form.
- Recent passport-sized photograph (digital copy is acceptable).
- Cheque of _____ for application and assessment fees.
- Copy of the Certificate of Attendance of Productivity Courses for the 8 Productivity Solutions.
- Copy of Certificate of Attendance for CPS Preparatory Course.
- Results slips of CPS Examination.
- Copy of Curriculum Vitae.
- Copies of education or academic certificates.
- Copies of professional certifications (if any).
- 2 originals of written positive client testimonials for projects undertaken in the last 24 months (Scanned copies can be submitted via email. Originals shall be handed over to the Secretariat at time of the interview.)

Please email the above documentations to Mayank Verma, Certification Manager at email: isg@npcindia.gov.in and mail the signed copy of the application form together with the cheque, payable to "NPC-CB" to the below address. Alternatively, you may choose to submit all application documents in hard copies to the Certification Office.

NPC Certification Body

Address: 5-6 Institutional Area, Lodhi Road, New Delhi-110003

Tel: 011-24607312/328

Email: isg@npcindia.gov.in