



# CHARTERED

## FACILITY MANAGER

### Personal Information

Full Name:

Address : \_\_\_\_\_

Nationality : \_\_\_\_\_

Phone No : \_\_\_\_\_ Email : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Present Designation : \_\_\_\_\_ Present Company : \_\_\_\_\_

### Years of Experience in the relevant field (Please tick boxes below):

### Please indicate your main area of practice:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Property Management               | <input type="checkbox"/> Architecture                   | <input type="checkbox"/> Administration                 |
| <input type="checkbox"/> Property Finance & Investment     | <input type="checkbox"/> Asset Management               | <input type="checkbox"/> Commercial Property Management |
| <input type="checkbox"/> Sustainability & Environment      | <input type="checkbox"/> Project Management             | <input type="checkbox"/> Waste Management               |
| <input type="checkbox"/> Residential Property Management   | <input type="checkbox"/> Corporate Real Estate Research | <input type="checkbox"/> Corporate Real Estate          |
| <input type="checkbox"/> Quantity Surveying & Construction | <input type="checkbox"/> Planning and Development       | <input type="checkbox"/> Facilities Management          |
| <input type="checkbox"/> Real Estate Broker / Consultant   | <input type="checkbox"/> Security                       | <input type="checkbox"/> Management Consultant          |
| <input type="checkbox"/> Building Control                  | <input type="checkbox"/> Government                     | <input type="checkbox"/> Janitorial                     |
| <input type="checkbox"/> Estate Management                 | <input type="checkbox"/> Pest Control                   |   |

**Qualification (please list all academic qualifications)**

University	Degree/Diploma name	Mode of Study	Starting Date	Completion Date

**Industry Experience (please list key employment details to date, starting with the most recent) i key and relevant employment details to date, starting with the most recent)**

Duration From - To	Designation	Employer	Job Description & Deliverables

Chartered Facility Managers are expected to conduct themselves at the highest level of Integrity, Professionalism and Fairness within and outside the Organization.

## **Declaration**

I hereby declare that all information provided is true and to the best of my knowledge. I understand that false declaration or suppressing information will lead to termination of my Chartered Facility Manager Designation.

I confirm that I have disclosed all information relevant to the Chartered Facility Manager program and agree to revoking of the Chartered Facility Manager designation if I am found guilty of

1. Malpractice and termination of employment
2. If I am dismissed on charges of Corruption
3. Any disciplinary proceedings from other organization or bodies.
4. If I declare/ file for bankruptcy and subject to insolvency proceedings
5. Convicted in a criminal offence and imprisoned

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

Please complete the application and forward to [info@ifmiindia.org](mailto:info@ifmiindia.org) for processing.