



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@ifma.in for processing.