**Registration Form**

1.1 Name of Applicant Organization (as it will appear in the Certificate) ---------------------------------------------------------

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1.2 Address---------------------------------------------------------------------------------------------------------------------------------------

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2.1 Name of the organizations contact person ------------------------------------------------------------------------------------------

2.2 Designation --------------------------------------------------------------------------- 2.3 Telephone-----------------------------------

2.4 Mobile-------------------------------------------------------------------------------------------------------------------------------------------

2.5 Fax ------------------------------------------2.6 Email ---------------------------------------------------------------------------------------

2.7 Contact Address (if different from above) ---------------------------------------------------------------------------------------------

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3.1 Name of the Highest-Ranking HR Official ---------------------------------------------------------------------------------------------

3.2 Designation ------------------------------------------------------------------- 3.3 Telephone ------------------------------------------

3.4 Mobile ----------------------------------------------- 3.5 Email----------------------------------------------------------------------------

3.6 CII Membership No. ----------------------------------------------- 3.7 GST No. -------------------------------------------------------

3.8 Pan No -----------------------------------------------------------------------------------------------------------------------------------------

4.1 Scope of Organization ----------------------------------------------------------------------------------------------------------------------

***4.2 Size of the Organization (measured in average Full Time Employee strength in last 12 months)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of employees** | **Full Time** | **On contract** | **Total** |
| Number of employees in the Region |  |  |  |
| Number of HR staff Worldwide |  |  |  |
| Number of HR staff in the Region |  |  |  |

4.3 Number of locations/sites in India -------------------------------------- 4.4 Annual Sales in Rs. Cr. ---------------------------

***Please indicate the type of process you will like to be part of:***

Complete Process — Assessment and Awards (Complete Application Document, Site Visit, Feedback Report and to be considered for HR Awards and recognition)

Only Assessment - Complete Application Document, Site Visit, Feedback Report but not to be considered for HR Awards and recognition.

**FEE STRUCTURE (Participation Fees + 18% GST)**

|  |  |  |
| --- | --- | --- |
| **Business Organizations with turnover** | **Participation Fees for CII - Members** | **Participation Fees for Non- Members** |
| Exceeding Rs. 20000 Cr | Rs 3,25,000 | Rs 3,35,000 |
| Between Rs. 10000 – 20000Cr | Rs 3,00,000 | Rs 3,10,000 |
| Between Rs. 5000 – 10000 Cr | Rs 2,50,000 | Rs 2,60,000 |
| Between Rs. 2000 – 5000 Cr | Rs 2,20,000 | Rs 2,30,000 |
| Between Rs. 1000 – 2000 Cr | Rs 1,75,000 | Rs 1,85,000 |
| Between Rs. 500 – 1000 Cr | Rs 1,40,000 | Rs 1,50,000 |
| Less than Rs. 500 Cr | Rs 1,10,000 | Rs 1,20,000 |

**Terms of Agreement:**

* Participation fee to be paid within 30 days of raising the Invoice.
* We understand that our application will be reviewed by a Panel of Assessors. We agree to host the site visit and facilitate an open and unbiased assessment. We agree to pay the application fee and bear all expenses towards the site visit.
* We agree to nominate our HR-Head to be trained in HR Excellence Award Assessment Model and also agree to release him/her for Award Assessment for at least one company.
* We hereby give our consent to CIl and other affiliated organizations to share the Good Management Practices; prevalent in our organization with others to promote the culture of sharing & learning, as a part of Excellence Movement.
* If our organization is selected to receive an Award, we agree to share nonproprietary information on our successful performance strategies with other CII member Companies / Organizations

I agree with the above Terms of Agreement.

(Signature of Highest-Ranking HR Official)

Date:

Note: Please submit the following documents to confirm your participation:

Registration Form Participation Fees

* The Registration Form serves as the letter of intent to file the Application document. The purpose of this Form is to allow the HR Excellence Award Committee to adequately plan for the award administration.

A copy of this Form may also be sent along with the Application Document.