



LMS Academy

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Website: <http://www.lmsacademy.com>
Email: contact@lmsacademy.com/info@lmsacademy.com

Date Received

Application Fee

For office
use only



SECTION 1 – PERSONAL DETAILS

TITLE (Mr, Mrs, Ms, Dr, etc)

MALE

FEMALE

SURNAME

FIRST NAME

DATE OF BIRTH

NATIONALITY

(Please tick this box if you would like your home address to be your main address for our registration)

HOME ADDRESS

COUNTRY

POSTAL CODE/ ZIP CODE

TEL

FAX

EMAIL

MOBILE

(Please tick this box if you would like your business address to be your main address for our registration)

BUSINESS ADDRESS

ORGANIZATION / COMPANY NAME

ORGANIZATION / COMPANY ADDRESS

COUNTRY

POSTAL CODE/ ZIP CODE

TEL

FAX

EMAIL

SECTION 2 – TYPES OF CERTIFICATION FOR WHICH YOU ARE APPLYING

Please review carefully the relevant criteria prior to applying and then tick to identify the program(s) and grade(s) you are applying for:

QUALITY

- QMS INTERNAL AUDITOR
- QMS AUDITOR
- QMS LEAD AUDITOR
- QMS PRINCIPAL AUDITOR
- QMS MANAGEMENT REPRESENTATIVE
- QUALITY MANAGER
- QMS CONSULTANT
- QMS SENIOR CONSULTANT

OCCUPATIONAL HEALTH & SAFETY

- OH&S INTERNAL AUDITOR
- OH&S AUDITOR
- OH&S LEAD AUDITOR
- OH&S PRINCIPAL AUDITOR
- OH&S MANAGEMENT REPRESENTATIVE
- OH&S MANAGER
- OH&S CONSULTANT
- OH&S SENIOR CONSULTANT

CONSTRUCTION PROJECT MANAGER

- CONSTRUCTION PROJECT MANAGER
- SENIOR CONSTRUCTION PROJECT MANAGER

OTHER SCHEMES

- TRAINING MANAGER
- SALES MANAGER
- AFTER-SALES SERVICE MANAGER
- ADMINISTRATION MANAGER
- MANAGER
- MANAGER
- ENERGY MANAGER
- PUBLIC RELATIONS MANAGER
- DESIGN MANAGER
- ADVERTISEMENT MANAGER
- MANAGER
- LOGISTIC MANAGER
- CRM MANAGER

ENVIRONMENTAL

- EMS INTERNAL AUDITOR
- EMS AUDITOR
- EMS LEAD AUDITOR
- EMS PRINCIPAL AUDITOR
- EMS MANAGEMENT REPRESENTATIVE
- ENVIRONMENTAL MANAGER
- EMS CONSULTANT
- EMS SENIOR CONSULTANT

FOOD

- FSMS INTERNAL AUDITOR
- FSMS AUDITOR
- FSMS LEAD AUDITOR
- FSMS PRINCIPAL AUDITOR
- FSMS MANAGEMENT REPRESENTATIVE
- FSMS MANAGER
- FSMS CONSULTANT
- FSMS SENIOR CONSULTANT

HSE

- HSE OFFICER
- HSE SUPERVISOR
- HSE MANAGER

- BUSINESS LEADERSHIP EXPERT
- MARKETING MANAGER
- FINANCIAL MANAGER
- PRODUCTION MANAGER QC
- IT MANAGER PURCHASING
- COMMERCIAL MANAGER
- FACTORY MANAGER
- HR MANAGER
- TECHNICAL MANAGER
- BRAND MANAGER QHSE
- ENERGY AUDITOR
- SUPPLY CHAIN MANAGER

SECTION 3 – EDUCATION

Year	Award	Course/subjects
Educational establishments		Qualifying authority
Year	Award	Course/subjects
Educational establishments		Qualifying authority
Year	Award	Course/subjects
Educational establishments		Qualifying authority

SECTION 4 – TRAINING

Please attach the scanned copy of your training certificates to this application.

From (MM/DD/YYYY) To (MM/DD/YYYY)

TRAINING CONDUCTED BY (Organization Name)

COURSE TITLE

RESULT

COURSE CERTIFIED BY

From (MM/DD/YYYY) To (MM/DD/YYYY)

TRAINING CONDUCTED BY (Organization Name)

COURSE TITLE

RESULT

COURSE CERTIFIED BY

From (MM/DD/YYYY) To (MM/DD/YYYY)

TRAINING CONDUCTED BY (Organization Name)

COURSE TITLE

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COURSE CERTIFIED BY

From (MM/DD/YYYY) To (MM/DD/YYYY)

TRAINING CONDUCTED BY (Organization Name)

COURSE TITLE

RESULT

COURSE CERTIFIED BY

From (MM/DD/YYYY)

To (MM/DD/YYYY)

TRAINING CONDUCTED BY (Organization Name)

COURSE TITLE

RESULT

COURSE CERTIFIED BY

SECTION 5 – WORK EXPERIENCE

Please include a detailed description of your general work experience and your sector/ program related work experience. You need to attach any relevant records to this application.

From MM/YYYY

To MM/YYYY

JOB TITLE

ORGANIZATION TELEPHONE

NAME OF ORGANIZATION

WORK EXPERIENCE

From MM/YYYY

To MM/YYYY

JOB TITLE

ORGANIZATION TELEPHONE

NAME OF ORGANIZATION

WORK EXPERIENCE

From MM/YYYY

To MM/YYYY

JOB TITLE

ORGANIZATION TELEPHONE

NAME OF ORGANIZATION

WORK EXPERIENCE

From MM/YYYY

To MM/YYYY

JOB TITLE

ORGANIZATION

TELEPHONE NAME OF ORGANIZATION

WORK EXPERIENCE

From MM/YYYY

To MM/YYYY

JOB TITLE

ORGANIZATION TELEPHONE

NAME OF ORGANIZATION

WORK EXPERIENCE

SECTION 6 – AUDITOR GARCES

This section should be completed, if you apply for Auditor Grades. Please include a detailed description of your audit experiences. You need to attach any support documents/ records to this application.

S/N	Date	Duration of Audit in days	Type of Audit (1st, 2nd or 3rd Party)	No. of auditor on team	Your Role in Audit	Audited Company (Name, Scope of audit, Country, Contact details, Email)	Standard	Contact details of company that employed you

Please use separate sheet, if you need more space.

SECTION 7- CONSTRUCTION PROJECT MANAGER GRADES

This section should be completed, if you apply for Construction Project Manager Grades. You need to attach any support documents/ records to this application.

S/N	From MM/YYYY	To MM/YYYY	Name and Scope of Project	Job Title and your role in project	Contact details of company that employed you

Please use separate sheet, if you need more space.

SECTION 8-CONSULTANT GRADES

This section should be completed if you apply for Consultant Grades. You need to attach any support documents/ records to this application.

S/N	From MM/YYYY	To MM/YYYY	No of Days	Client Name & Scope of Works	Standard(s)	Client contact details	Contact details of company that employed you

Please use separate sheet if you need more space.

SECTION 9 – DECLARATIONS

APPLICANT

I confirm that the information contained in this application form is correct to the best of my knowledge and belief. I understand and accept that, if I provide incorrect information or withhold relevant requested information, I am likely to be excluded or removed from the LMS Academy registered list. I also understand that, in order to periodic verification of my qualification, LMS Academy, can contact to any of contact details which I provided in this application form.

Signed

Date

Name (block letters)

ORGANIZATION APPLICANT

EMPLOYING

We, as an Organization Employing Applicant recognized by LMS Academy, support the applicant for certification and confirm that we have satisfactorily verified the applicant's compliance with the education, training, work experience requirements of the applicable LMS Academy criteria.

Name of organization

Address

Postcode/Zip code

Tel:

Fax:

E-mail:

Signed on behalf of the organization employing applicant

Date

Name (block letters)

Position in organization

SECTION 10 – GUIDANCE NOTES FOR APPLICANTS

The following information is important for completing of application. Please review the below items carefully before you complete your application form. If you need help in completing the application form, LMS' certification officers are always available to advise you.

- Please ensure that you have reviewed the LMS Personnel Certification criteria prior to applying to see if you fulfill our requirements for certification. You may find all the necessary information by visiting our website (www.lmsacademy.com). Further details of all the programs are available on request.

- Please make sure that you complete all the appropriate sections of this application form.
- If a section is not applicable to you, write 'N/A'
- We will not accept unverified entries.
- If there is not enough space in any section to write all that you need to include there, then enter a brief summary and enclose the full details on additional sheets.
- We accept all correspondence in English. For all other languages, we will need correspondence in support of the application to be in English or accompanied by a certified translation.
- Please ensure that all details submitted in support of application form are correct.
- Please submit your application fee with your application form (The fee is not refundable).
- Cheques, money orders etc. should be made payable to 'LMS Academy'.
- When we receive your completed application form, we will send you an acknowledgement.