

APPLICATION FORM (PRODUCTIVITY SPECIALIST SCHEME)

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

For NPC-CB Use
Applicant Reference: [Redacted]

APPLICANT PERSONAL PARTICULARS			
Full Name (as per Govt. issued id)	[Redacted]		
Nationality:	[Redacted]	Country of Birth:	[Redacted]
Govt. issued Photo id No.:	[Redacted]	Date of Birth:	[Redacted]
Gender:	[Redacted]		
Correspondence Address:	[Redacted]		
Home Phone:	[Redacted]	Mobile Phone:	[Redacted]
Business Phone:	[Redacted]	Email Address:	[Redacted]

Please attach a recent passport-sized photograph along with the application form.

EMPLOYMENT BACKGROUND (List Most Recent Employment <u>FIRST</u>)			
Name of Company	Position	Period (YYYY)	
		From	To
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Please attach your Curriculum Vitae.

EDUCATIONAL & ACADEMIC BACKGROUND (List Most Recent Qualification <u>FIRST</u>)			
Name of Educational Institution	Education Level Attained	Period (YYYY)	
		From	Till
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Please attach copies of the certificates with your application.

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

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"/>		<input type="checkbox"/>	

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

1. Applicants must have knowledge and experience in productivity diagnosis techniques.
2. Applicants must have knowledge and understandings of at least 8 Productivity Solution under the category of basic and focus productivity improvement solution.

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 & 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"/>	Benchmarking
<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"/>		<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"/>	

**PRODUCTIVITY
PROJECTS HOURS**

Note: You must have spent at least 200 hours on productivity solutions within the immediate past 12 months.

Client Company / Title of Assignment	Contact Person / Telephone / Email	Duration of Assignment (eg: Jun 2019 to Jan 2020)	Team Size	Hours Spent by Team (hours)	Your Role in Assignment	Hours Spent by Yourself (Hours)
Total Projects Hours (minimum of 200 hours in the last 12 months)						

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: Consultancy Training Research Promotion

Major Problems Encountered	Problem Resolution	Impact to Client

Additional Information (if any):

--

APPLICANT DECLARATION

I declare that:

1. The information provided for the certification of PS 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 NPC-CB 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 store 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."

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

Name of Applicant:	Signature:
Govt. issued id & no.:	Date:

Checklist of Application Documents Submission:

- Completed and signed application form.
- Recent passport-sized photograph (digital copy).
- Relevant Certificates in support of minimum 8 Basic Productivity Improvement Solution & at least 1 Focus Productivity Improvement Solution.
- Copy of Curriculum Vitae.
- Copies of education or academic certificates.
- Copies of professional certifications.

Please email the above documentations to isg@npcindia.gov.in .