



INTEGRATED PEST MANAGEMENT CERTIFICATION

Application Form

Certified IPM Entomologist (CIE)

Partner's Information

☐ Renewal ☐ Certification

Date: _____

Full Name: _____

CNIC #:

IPMC Membership #:

Mobile Phone #:

E-mail:

Employer Name:

Employer Address:

Website:

Education / Employment

Degree / Certificate / Designation	Year of Passing / Joining	Name of Institution / Employer	Subjects / Position

Online Payment:-

Bank: Askari Bank

A/C #: PK49 ASCM 0003 0804 2000 0193

PEST MANAGEMENT CERTIFICATION (PVT) LIMITED.

BY CHEQUE #: _____

MAIL TO:-

PEST MANAGEMENT CERTIFICATION (PVT) LTD.

Admin Officer:-

A-145, Akbar Road, Ghouri Town Phase-3 Islamabad 46000

Note: Please mention your / company name on payment receipt.

Size

2" x 2"

51mm x 51mm

Photos

Authorized person

Authorized name & signature

FOR OFFICE USE

DATE

RECEIVED

APPROVAL & SIGNATURE AUTHORITY

MEMBERSHIP #

Please attach following supporting documents with the application form:-

1. CNIC (Copy) 2. Degree / Diploma / Certification
3. IPM - Certification (Copy) 4. Employment Letter