



APPLICATION FORM FOR TRAINING INSTITUTE

Name of Organization: _____

Location (Head Office): _____

Accreditation Sought for following Programs:-

01. _____ 02. _____

03. _____ 04. _____

05. _____ 06. _____

Previous experience in Training (if any):-

The evidence for the compliance of ISO 17024 and IASCB accreditation requirement IASCB-T-001 is attached with this application form

YES/ NO (Please tick as applicable)

APPLICATION FEE

The application fee is 1000\$

The fee is non refundable, however, 70% payment will be refunded if the application is rejected but no refund will be made if application is withdrawn by the organization

DECLARATION

I declare that the information provided along with this application form is correct to the best of my knowledge. Falsified information if proved at any stage even if the accreditation has been granted will lead to disqualification of the organization and no fee will be refunded by IASCB.

Sign (Head of Org.)

Name:

Date:

Note: Please submit this form along with scan copies of related documents at info@iascb.com under subject heading "Application to Become an Approved Training Institute".