# To President (for any query call: +91 9833139181)

PMI Mumbai Chapter

president@pmimumbaichapter.org

Mainframe I, Unit No. 642,

Royal Palms India, Survey No. 169,

Aarey Milk Colony, Nr. Unit No. 26,

Goregaon (E), Mumbai 400065, INDIA
**Nomination Application Form for Chapter Committees and Associate Vice Presidents (AVPs)**

PLEASE NOTE:

**Interested candidate can apply for up to 3 positions with preference order of her/his choice.**

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| --- |
| Please fill all the sections of the forms |
| **Personal Details** |
| **PMI Membership ID** |  | **Candidate Photo** |
| **Member Name** |  |
| **Member Since (DD-MM-YYYY)** |  |
| **Mailing Address** (to be used for correspondence) |  |
|  |
|  |
| **City** | Mumbai | **Pin** |  |
| **State** |  |
| **Contact Number** |  | **Preferred Email Id** |  |
| **Mobile Number** |  |  |
| **Date of Birth (DD-MM-YYYY)** |  |
| **Education** |  |
|  |
| **Member of Mumbai Chapter** | **Yes**  | **No** | **Member Since****(DD-MM-YYYY)** |  |
|  | **[ ]**  | **Position applied for: 1.****2. 3.** |
| **Professional Experience (in years)** |  | **Industry Vertical** |  |
| **Professional Summary** (not to exceed 250 words)(Clearly depicting the roles and responsibilities and strategic responsibilities handled) |
|  |
| **Current Professional Position** |
| Name of the institution associated with |  |
| Period (from & to date in DD-MM-YYYY format) |  |
| No. of Years |  |
| Professional Title |  |
| Industry Vertical |  |
| Roles |  |
| PM Responsibilities  |  |
| **Professional Experience (in Months & years)** |  |  |  |
| **Professional Chapter Experience Summary** (**not to exceed 250 words**(Clearly depicting the roles and responsibilities and strategic responsibilities handled.) |
|  |
| **Details of PMI Volunteer Positions Held**(In the order of most recent position held. Mandatory for the Existing Office Bearers) |
| **Title of the position**(Starting with Current position first) | **Period****(MM-YYYY to MM-YYYY)** | **Through Election or Nomination** | **Team Size** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total volunteer experience in Months** |  |  |  |
|  **Details of PMI Mumbai Chapter events attended in past one year** |
|  |
| **Membership and Activities** (not to exceed 250 words)(Provide a brief description of any professional memberships outside of PMI, including volunteer leadership positions and contributions made in those leadership positions toward achieving the organization’s mission/strategy.) |
|  |
| **Speaking Experience, Articles, Interviews, Honors and Awards** (not to exceed 250 words) (Provide a brief description of your public speaking experience (include audience sizes/topics delivered. Provide information about any presentations, books, papers or articles you have published, featuring your expertise. Describe any recent interviews by the media – subject matter and why you were selected to be interviewed.) |
|  |
| **Your Goals for the Mumbai Chapter** (not to exceed 250 words)(Give brief descriptions about your perceptions, your vision/thoughts in your respective area, new initiatives, How you will integrate with other verticals?) |
|  |
| List Ethical Practices (up to 3) followed by you during your tenure (not to exceed 60 words and applicable for those who had held any voluntary position in PMIMC in the past)**1)** **2)** **3)**  |

|  |
| --- |
| **For New Candidate/Aspirant Only (not to exceed 250 words)****(Please describe your strengths and skills, which prompted you to apply for this position, or you feel that you possess for the position.)** |
| Why do you feel that you deserve to be nominated in this position?   |

**ETHICS**

Please answer the following questions. Each question must be answered in order to be considered

for a nomination to the PMI Mumbai Chapter Board.

1. Have you ever been found by any professional association, which you have belonged, to have violated its ethical code or are you currently under investigation for an alleged ethical violation by any professional association to which you belong?

YES **/ NO**

1. Have you ever been convicted of a felony or convicted of a misdemeanor, which might relate to the responsibilities of the position for which you have been nominated?

YES **/ NO**

1. Are you fully able and willing to put the welfare of the organization before your personal interests?

 **YES /** NO

1. Do you have any contractual or financial relationship to the component?

YES **/ NO**

**To the best of your knowledge:**

1. Are you involved in any relationships, personal, professional or otherwise directly or indirectly, which may raise a potential conflict of interest regarding your service to the organization?

YES **/ NO**

1. Do you agree to fully disclose to the board of directors any potential conflicts of interest related to any relationships?

**YES /** NO

1. If you answered “yes” to any of the above questions (except No.3), please provide detailed information below:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Name** | **Signature** | **Place** | **Date (DD-MM-YYYY)** |

**CANDIDATE DECLARATION**

***I affirm that the statements provided in the Nomination form are true. I hereby give the PMI Mumbai Chapter permission to request appropriate information regarding the action(s) named above from the relevant professional association, court or other agency.***

***As a condition of my potential nomination or candidacy, I agree that I will not initiate, encourage, accept or endorse conduct on behalf of my potential nomination or candidacy which is in violation of the policy relating to the election as adopted by the PMI Board of Directors. To violate this policy may result in revocation of my nomination by petition or candidacy for office.***

***Name:***

***Signature:***

***Place: MUMBAI***

***Date (DD-MM-YYYY):***

**PMI CONFLICT OF INTEREST QUESTIONNAIRE**

PLEASE NOTE: The PMI Conflict of Interest (COI) Policy requires that this questionnaire be completed accurately. If you are uncertain whether particular business interests or relationships involve PMI, please contact your Group Leader or the PMI General Counsel, as appropriate, to review the matter. Upon request, PMI can provide a list of companies, organizations, and individuals with whom the Institute has, or is considering, a business relationship.

Thank you for your cooperation in providing accurate responses to the following questions. ALL INFORMATION PROVIDED BY YOU ON THIS FORM WILL BE TREATED AS CONFIDENTIAL BY PMI Mumbai Chapter AND WILL NOT BE DISCLOSED OR USED IN ANY MANNER OTHER THAN THE CONFLICT OF

INTEREST PROCESS, if one should arise.

In responding to these questions, please note that a “Yes” answer does not necessarily imply that the relationship or transaction was or would be inappropriate.

1. Please list your employer(s) or others for whom you have provided goods or services within the past two (2) months. (List only those, which contribute more than 25% or more of your total yearly income.)
2. Are you or have you been, within the past twelve (12) months, a member of the Board of Directors, an officer, or principal of any corporation, company, association, institution, or other business, including any PMI component/ community or leadership group (like MAG, etc.)?

**Yes/No**

If the answer to this question is “Yes”, please specifically identify the names of such corporations, companies, associations, institutions, and/or businesses, the office or other position you held or hold.

Name of Entity:

Your Position:

1. Other than incidental ownership, do you, or does any member of your immediate family, have a direct or indirect ownership or other financial interest (e.g., beneficiary of a trust) in any corporation, company, institution, or other business? (“Incidental ownership” means less than 10% ownership of the voting stock or other voting rights.)

**Yes / No**

**PMI CONFLICT OF INTEREST QUESTIONNAIRE**

If the answer to this question is “yes,” please supply the following information: (a) the names of all corporations, companies, associations, institutions, and/or businesses in which you or a family member hold an ownership, financial, or other

interest as defined above; (b) the nature of the respective interest held; (c) the name and relationship to you of each person holding such an interest:

1. Within the past twelve months, did you or any member of your immediate family (above the age of 21) receive any gifts, in-kind support or services, reimbursement (other than for normal business travel), loans (other than those obtained with typical commercial or consumer rates, terms and conditions), or other benefits from any corporation, company, association, institution, or other business in excess of $1,000.00 US, excluding honorariums from PMI or PMI components?

# Yes / No

If the answer to this question is “yes,” please identify all such gifts, in-kind support or services, reimbursement, loans, or other benefits, and specifically identify: the person(s) receiving, and the source of, the gift, in-kind support or service, reimbursement, loan, or other benefit, including approximate fair value. (Do not include prizes won from raffles or sporting events such as golf tournaments if everyone participating had an equal chance to win.)

1. Are you aware of any past or prospective involvement by you in an activity within the previous twelve (12) months or the next twelve (12) months (including any activities with another project management association) that reasonably could be interpreted as a possible conflict of interest, or reasonably could be viewed as having an appearance of a divided interest or loyalty on your part?

# Yes / No

If the answer to this question is “yes,” please describe the activity:

1. Do you have a currently effective agreement with an employer or other organization which assigns to them any or all copyright or intellectual property rights regarding papers or other writing you may create during the course of the current year?

# Yes / No

If Yes, attach a copy of the agreement.

**PMI CONFLICT OF INTEREST QUESTIONNAIRE**

1. Do you or your employer have any interest in a patent or patent application for an invention or process that relates to the subject matter of the PMI Volunteer Group in which you are, or will be, participating?

# Yes / No

If the answer to this question is “yes,” please describe the invention or process:

1. **Note**: The following question 8 should be answered only by members of the Board of Directors (or as part of the nominations process by individuals seeking nomination for election to the Board) and individuals appointed to Board appointed committees (including Ethics Review, Ethics Appeal, Certification Governance Council and Nominating Committee):
	1. Do you currently have any private business activity or personal services with the Institute (whether or not the services or products comprising the business activity are rendered for free or for compensation, including expenses)? (If so, please provide details)

For purposes of this question 8(a) “Board or Committee member” includes any organization in which the Board or Committee member, or any member of his/her immediate family, has a beneficial equity ownership interest of at least ten percent or is an officer or member of the organization’s Board of Directors.

* 1. Apart from the member’s Board or Committee assignment, are you engaged in any volunteer activity in PMI or any PMI component organization, including but not limited to holding office and/or actively participating in an organization’s training or other professional programs? (If so, please provide details)
1. Sponsor will contact the volunteer to assist in developing a mitigation plan, if necessary, after

PMI’s receipt and review of this questionnaire.

I certify that:

1. I have reviewed and understand all PMI requirements, policies, rules, and procedures related to ethics and conflicts of interest1;
2. I am in compliance with those PMI requirements, policies, rules, and procedures; and, (3) the information I have provided in this questionnaire is true, accurate, and complete to the best of my knowledge. Should any information provided in my responses become incomplete or inaccurate, I understand that I am required and obligated to revise or supplement the information in a timely manner.

# Name (please print) Signature

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1.These requirements, policies, rules and procedures can be found on PMI’s website[, www.pmi.org.](http://www.pmi.org/)

**PMI Mumbai Chapter Volunteer Confidentiality Agreement**

I, , a PMIMC volunteer/staff member working on the PMI Volunteer Portfolio group identified as \_and working as recognize that I may or will become aware of information that is the confidential property of PMIMC. For the purposes of this agreement, any information, material or data that the organization considers and treats as confidential, sensitive or proprietary, and is not in the public realm through due process of the organization, shall be defined as confidential, whether or not it is explicitly marked as such.

Information that is confidential, sensitive or proprietary may result from various activities and/or sources. This may include but is not limited to the examples listed in Section IV of the Confidentiality Policy of PMI.

Below are some confidential, sensitive, or proprietary information specific to your group/team:

1. Membership Database
2. Volunteer Database
3. PMIMC QMS Processes, Forms, Templates, Checklist, Guidelines
4. Bidder and bid value for any tender
5. Member/ Non-member name when member/non-member asked to keep anonymous or if it is sensitive
6. Any financial information without the permission of VP Finance and President

I understand that, from the date of this agreement forward, I will abide by the PMIMC Confidentiality Policy and respect the confidential property of PMIMC and, within reasonable limits, personally protect that property from communication or other distribution to others and will not use such information for my own personal use or gain, or the advantage of any other organization or entity unless such material is available publicly or unless PMIMC has granted me permission to disseminate it to others.

In support of PMI’s Records Management Program, I agree that I will destroy any information, material or data covered under this agreement within the immediate 60-day period following the expiration of my participation in the above activity, except for documents that I have been advised by PMI to retain for a longer period or documents that due to their sensitive nature I have been asked to return to the Institute, which I will do within the time required.

Signature: Date: \_ \_ / \_ \_ / \_ \_ \_ \_

Print your Name:

Please read the PMI Confidentiality Policy and do not forget to sign the same.