



Computer Society of India™

Samruddhi Venture Park, Unit No.3, 4 Floor, MIDC,
Andheri (E), Mumbai-400 093 Maharashtra, INDIA.

Phone : 022-2926 1700 Fax : 022-2830 2133

Email : hq@csi-india.org website : www.csi-india.org

(Ver. NF 1.0)

Application for Individual Membership

I hereby apply for new membership. On approval of Membership, I shall abide by the Constitution & Byelaws of the Society and the Code of Ethics.

(*) Indicates mandatory fields

I. Select the membership type *

Indian International

Please tick for Membership period*

One Year Two Years Three Years Four Years Life

II. PERSONAL INFORMATION

Please fill in your personal information so that we can serve you better

Title of the applicant * Mr. Miss. Mrs. Dr. Prof.

First Name* Middle Name Last Name*

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Name you would like to be printed on CSI ID card*

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 (Max 30 letters)

Date of Birth*

Gender*

Marital Status

d	d	/	m	m	/	y	y	y	y	M	F	
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Email Address

Primary Email*

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Secondary Email

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Phone No. (Residence)

STD Code Phone

Mobile* (Mandatory for domestic membership)



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III. Address Information

Please fill in your address details below

Primary Address (BLOCK LETTERS) *

Address line 1*

Address line 2

Pincode*

Area/Post Office*

City

State

Country

(City, State and Country to be filled in only for International address)

Billing Address (BLOCK LETTERS) : Same as Primary address

Address line 1*

Address line 2

Pincode*

Area/Post Office*

City

State

Country

(City, State and Country to be filled in only for International address)

Mailing Address (BLOCK LETTERS) : Same as Primary address Same as Billing address

Address line 1*

Address line 2

Pincode*

Area/Post Office*

City

State

Country

(City, State and Country to be filled in only for International address)

Please indicate the address you want to use for chapter affiliation*

Primary Address

Billing Address

Mailing Address

Please note : In case no option is given, chapter affiliation will be based on Primary address.



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IV. Qualification

Please take some time to share your qualification details with us.

Academic Qualifications (Graduate degree is mandatory) *

Degree : *

BA B.Com B.Sc Diploma LLB B.E

B Tech B.S B Arch BBA

Passing year

Institute Name

Specialisation

PG Degree :

MA MPhil M.Com MSc MCA MPhil M.E

M.S M Tech MBA PG Diploma

Passing year

Institute Name

Specialisation

PhD :

Specialisation

Passing year

Institute Name

Additional Qualifications, if any

Certifications Name, if any



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V. Current Employment

Kindly fill in your current employment details below

Not Employed

The following details are mandatory, if Not Employed is not ticked.

Name of the Organisation*

Working since*

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Organisation Address*

Address line 1*

Address line 2

Pincode*

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Area/Post Office *

City

State

Country

(City, State and Country to be filled in only for International address)

Phone No. (Office)

STD Code

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Phone

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Fax. (Office)

STD Code

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Phone

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VI. Membership Subscription Fees

1. Individual Membership Fee

Enrolment during 1st April to 30th September

Membership Category	One Year ₹.	Two Years ₹.	Three Years ₹.	Four Years ₹.
Individual				
(Within India)	1124	2023	2921	3820
(Outside India)	\$ 60	\$ 110	\$ 150	\$ 180

Enrolment during 1st October to 31st March

Membership Category	Up to 31st March + One Year ₹.	Up to 31st March + Two Year ₹.	Up to 31st March + Three Year ₹.	Up t 31st March + Four Year ₹.
Individual				
(Within India)	1685	2584	3483	4382
(Outside India)	\$ 90	\$ 130	\$ 165	\$ 210

2. Life Membership Fee

Age Group	Life Subscription	
	Within India ₹.	Outside India \$
Below 30 years	11236	800
30 < 40 years	10112	800
40 < 50 years	8989	650
50 years and above	6742	500

Note : Service Tax @12%, Education cess @ 2% of ST, Higher Education cess @ 1% of ST is included in the above fees.



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VIII. Code of ethics : Undertaking :

I affirm that as a CSI member, I shall abide by the Code of Ethics of the Computer Society of India (CSI). I further undertake that I shall uphold the fair name of the Computer Society of India by maintaining high standards of integrity and professionalism. I was not a member of CSI earlier.

I am aware that my breach of the Code of Ethics may lead to disciplinary action against me under the Byelaws and rules of the CSI.

I hereby confirm that I shall be bound by any decision taken by the CSI in such matters.

Place :

Signature : _____

Date :

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FOR OFFICE USE ONLY

Application received date : _____

Received By : _____

Application processed by : _____

Membership No.

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