

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 : <u>www.csi-india.org</u>

(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 pe One Year Two Years	eriod* Three Years	Four Years	Life	
II. PERSONAL INFORMATION				
Please fill in your personal info	rmation so that we can serve	you better		
Title of the applicant * Mr.	Miss. Mrs.	Dr. Prof.		
First Name*	Middle Name	Last	t Name*	
Name you would like to be printed on CSI ID card* (Max 30 letters)				
Date of Birth*	Ge	ender*	Marital Status	
d d / m m /	V V V V M	F		
Email Address Primary Email* Secondary Email				
,				
Phone No. (Residence)				
STD Code	Phone			
Mobile*		(Mandatory for do	mestic 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 Stat	te Country			
(City, State and Country to be filled in only for Inter	rnational address)			
Billing Address (BLOCK LETTERS) : Same as Prima	ary address			
Address line 1*	Address line 2			
Pincode*	Area/Post Office *			
City Stat	country			
(City, State and Country to be filled in only for Inter	rnational address)			
Mailing Address (BLOCK LETTERS) : Same as Prima	rry address Same as Billing address			
Address line 1*	Address line 2			
Pincode*	Area/Post Office *			
City Stat	ce 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*

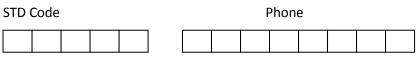


Organisation Address*

Address line 1*		Address line 2		
Pincode*		Area/Post Offic	ce *	
City	State		Country	

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

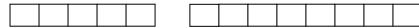
Phone No. (Office)



Fax. (Office)

STD Code

Phone





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VI. Membership Subscription Fees

1. Individual Membership Fee

Enrolment during 1st April to 30th September

Membershp 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

Membershp 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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VII. Payment Details*

DD / Cheque payable at par at Mumbai should be drawn in favour of "Computer Society of India".

Cheque DD Cash (Please tick as applicable)			
Amount Paid ₹/\$			
Cheque / DD No. Date d d / m m / v v v			
Drawn on Bank Name Branch Name			
Please fill following details if it is direct deposit in Axis bank.			
Date of Deposit d d / m m / v v v			
Mode of Deposit Cheque DD Cash (Please tick as applicable)			
Axis Deposit branch name			
Axis Bank SB A/c. No. 060010100082439.			

Attach photocopy of Pay-in-slip with application form and write your Name, Contact no. , Membership period on the reverse of the Cheque / DD / Pay-in- Slip.



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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 :	
FOR OFFICE USE ONLY	
Application received date :	Received By :
Application processed by :	
Membership No.	