



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 Student 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

Please tick for Membership period*

One Year

Two Years

II. PERSONAL INFORMATION

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

Title of the applicant * Mr. Ms.

First Name*

Middle Name

Last Name*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name you would like to be printed on CSI ID card*

<input type="text"/>

 (Max 30 letters)

Date of Birth*

Gender*

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

Primary Email*

<input type="text"/>

Secondary Email

<input type="text"/>

Phone No. (Residence)

STD Code

Phone

Mobile*



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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 *

Degree : *

Arts Commerce Science Engineering (BE/B.Tech) BCA Diploma

First Year Second year Third Year Fourth Year

Starting year Year of Completion

Institute Name

Specialisation

Bonafide Certificate* (Kindly attach photocopy of college valid ID card)

Institute Address*

Address line 1*

Address line 2

Pincode*

Area/Post Office *

City

State

Country



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VI. Membership Subscription Fees

Enrolment during 1st July to 31st December

Subscription	One Year ₹.	Two Years ₹.
Membership with CSI Communications Monthly magazine as an App	562*	1011*
CSI Communications (hard copy)	1000	2000

Enrolment during 1st January to 30th June

Subscription	Up to 30th June + One Year ₹.	Up to 30th June + Two Year ₹.
Membership with CSI Communications Monthly magazine as an App	787*	1236*
CSI Communications (hard copy)	1500	2500

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*

If you want to subscribe for CSI Communications (hard copy), please tick here

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

Cheque DD Cash (Please tick as applicable)

Membership fee ₹/\$ + CSIC Subscription ₹/\$

Total Amount paid ₹/\$

Cheque / DD No. Date / /

Drawn on Bank Name Branch Name

Please fill following details if it is direct deposit in Axis bank.

Date of Deposit / /

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 :

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FOR OFFICE USE ONLY

Application received date : _____

Received By : _____

Application processed by : _____

Membership No.

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