



# Computer Society of India™

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

Phone : 022-2926 1700 /29261705

Email : [swapnil@csi-india.org](mailto:swapnil@csi-india.org)

Website : [www.csi-india.org](http://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

One and Half Year

Two Years

Two and Half 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\*

(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\*

Secondary Email

Phone No. (Residence)

STD Code

Phone

Mobile\*



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### III. Address Information

Please fill in your address details below

#### Address (BLOCK LETTERS) \*

Address line 1 \*

Address line 2

Pincode \*

Area/Post Office \*

City

State

Country

### 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)



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Institute Address\*

Address line 1\*

Address line 2

Pincode\*

Area/Post Office \*

City

State

Country

## VI. Membership Subscription Fees

Enrolment during 1<sup>st</sup> July to 31<sup>st</sup> December

Subscription	One Year Rs.	Two Years R.
Membership with CSI Communications Monthly magazine as an App	590*	1062*
CSI Communications (hard copy)	1000	2000

Enrolment during 1<sup>st</sup> January to 30<sup>th</sup> June

Subscription	Up to 30th June + One Year Rs.	Up to 30th June + Two Year Rs.
Membership with CSI Communications Monthly magazine as an App	826*	1298*
CSI Communications (hard copy)	1500	2500

**Note :** GST @18%, is included in the above (\*) fees.

### Bank Details

**A/c Name: Computer Society Of India.**

**Bank Name: Axis Bank Ltd.**

**A/c type: Saving**

**A/c No: 060010100082439**

**IFSC code: UTIB0000060**

**Bank Address: Aman Chambers Ground Floor, Opposite New Passport Office, Veer Savarkar Marg Worli, Mumbai 400 025**

**GSTIN- 27AAATC1710F1ZC**



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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  NEFT  (Please tick as applicable)

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

Total Amount paid R/\$

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  NEFT (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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