



To
Computer Society of India
122, T. V. Industrial Eastate,
S. K. Ahire Marg, Worli,
Mumbai - 400 025
Tel : 494 3422

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Site:

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 District:

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City :

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 DD MM YYYY DD MM YYYY Time :

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* Date of Birth :

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 Date of Join :

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Present Grade : _____ * Qualification : _____

Is there any break in your Membership? If yes, please specify the Period _____

Present Occupation : _____

Employer's Name and Address : _____

Your Designation : _____

* Professional Experience (mention periods) :

Significant Professional Contribution in the field of interest to CSI : _____

I Certify that the above information furnished is correct to the best of my knowledge.

Place :

Date :

Signature

**Attach Photo copies of Age, Qualification and Experience certificates. Enclose two recent stamp size photographs.*