



Run by Bharat Educational & Charitable Trust,
 (Registered Under Tamilnadu Public Trust Act Reg.No.24/2000)
 G.K. ROAD - 636 903, PAPPIREDDIPATTI T.K., Dharmapuri Dist,

Cell : 94876-22252, Email : csri.selvam@gmail.com, Website : www.csronline.com

MEMBERSHIP APPLICATION

Membership No.
For Office use only

Important Note: Fill the form only in English / capital letters. Use Ball point pen only.

1. Name of the Applicant (in Block Letters)

2. Date of Birth Sex : Male Female

3. Educational Qualification

4. Father / Husband / Guardian Name

5. Institution Name and Address for Communication

Ins. Name :	
Pincode :	
Phone :	Cell :
Email :	

6. Location / Area for which applied for CSRI Membership

a. Place

b. District

TERMS AND CONDITIONS

1. The Membership Fees once paid will not refunded under any circumstances.
2. Institution has no power to Transfer or Sale the CSRI Membership to other persons or Organisations.
3. If CSRI Head Office finds any misconduct or false promises from the Institution, the Institution Membership will be cancelled immediately.
4. The Institutions should purchase required number of Computers and Softwares with their own Funds and own risk.
5. The Institutions should Renewal their Membership on or before 30 th of every December month by remitting Rs. 750/- . Otherwise the CSRI Membership will be automatically cancelled.
6. The CSRI Head Office have full power to give more than one CSRI Membership for the same Place / Town / City.

Membership Amount Rs. **2,000/-**

BANK	BRANCH	A/C. NUMBER	A/C. NAME	DATE
INDIAN BANK	G.P. KOOTU ROAD	6069230759	CSRI	/ /
BANK	BRANCH	A/C. NUMBER	A/C. NAME	DATE
STATE BANK	RAMIANAHALLI	32578754816	CSRI	/ /

DECLARATION

I hereby declare that I have read and understood the Terms and Conditions of CSRI for the Membership. I fulfill the minimum eligible criteria and have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my Institution Membership shall be liable to cancellation by the CSRI at any time and I shall not be entitled to refund of any fee paid by me to the CSRI.

Date :

Place :

Applicant Signature

HO USE ONLY

Date

User Id

Bill No.

Password

I / O - Section

Accounts Officer

Director