

## APPLICATION FORM FOR STUDENT MEMBERSHIP

I, hereby, apply for Individual Student membership. On approval of Membership, I shall abide by the Constitution & Byelaws of the COMPUTER MUSEUM SOCIETY and the Code of Ethics.

(Please **also** attach / upload a good quality minimum 300 x 300 pixels / passport size photograph along with a copy of Voter ID / Aadhar Card / PAN Card / Driving Licence to be used for making your CMS Membership Card).

**Membership period :**  One Year  Two Years  Three Years  Four Years  Five Years

### II. PERSONAL INFORMATION :

Title of the applicant Mr.  Miss.  Mrs.  Dr.  Prof.

First Name  Middle Name  Last Name

Name you would like to be printed on CMS ID card  Date of Birth

Gender Male  Female  Blood Group

Primary Email ID  Secondary Email ID

Primary Mobile  Secondary Mobile

Residence Phone STD Code  Phone No.

Paste your recent passport size photo here.

### III. Mailing Address (BLOCK LETTERS) :

Address line 1 :

Address line 2 :

Address line 3 :

City  State  Country  Pincode :

### IV. Academic Qualifications :

Degree  Specialisation  Arts  Commerce  Science  Engineering  Diploma  Others

First Year  Second Year  Third Year  Fourth Year  Fifth Year Starting year  Year of Completion

Institution Name:  Department:

Bonafide Certificate: \*Attach photocopy of college valid ID card

**Institution Address :**

Address line 1 :

Address line 2 :

Address line 3 :  Pincode :

City  State  Country

**V. Membership Subscription Fees: (Rs. 500 × No. Of Years) :**

**VI.Payment Details :**

Please specify Mode of Payment [Online Payment / Demand Draft]

If payment made through Online Payment Gateway\*: Transaction ID

Date of Transaction       for ( Rupees )

(\*Please email copy of Payment Response page along with Application Form) If payment made through Demand Draft DD / Cheque payable at par at Chennai should be drawn in favour of "Computer Museum Society".

Cheque  DD  (Please tick as applicable)

Amount Paid Rs.

Cheque / DD No.  Dated

Drawn on Bank Name  Branch Name

**Please fill following details if it is direct deposit in State bank of India.**

Date of Deposit       Mode of Deposit Cheque  / DD  / Cash  (Please tick as applicable)

SBI Deposit branch name

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

**VII. Code of Ethics :**

**Undertaking:** I affirm that as a CMS member, I shall abide by the Code of Ethics of the Computer Museum Society (CMS). I, further, undertake that I shall uphold the fair name of the Computer Museum Society by maintaining high standards of integrity and professionalism. 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 CMS. I, hereby, confirm that I shall be bound by any decision taken by the CMS in such matters. Further, I hereby convey my consent to receive the CMS publications in soft copy form and any other information about the activities of the society by email or by SMS on my Mobile number, from time to time, by the society or the members of the society.

• I hereby state that the above information given is true and correct.

Date: / /

Place: \_\_\_\_\_ Signature of Candidate : \_\_\_\_\_

Note by proposer / seconder : To the best of our knowledge and belief the above particulars are correct, and we consider him/her a fit proper person to be admitted as a member of the Society.

Signature of Proposer : \_\_\_\_\_ Signature of Seconder : \_\_\_\_\_

Name : \_\_\_\_\_ Name : \_\_\_\_\_

Membership Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application received date :       Received By :

Membership No :

**Application processed by :** Name : \_\_\_\_\_ Signature : \_\_\_\_\_