



<p><b>⑤ Mode of Payment : DD/Cheque</b></p> <p style="text-align: center;">Favouring "Computer Society of India"</p> <p>Cheque / DD No. <input style="width: 100px; height: 20px;" type="text"/></p> <p>Dated <input style="width: 100px; height: 20px;" type="text"/></p> <p>Rs. <input style="width: 100px; height: 20px;" type="text"/></p> <p>Drawee Bank <input style="width: 100px; height: 20px;" type="text"/></p> <p>Branch Name &amp; City <input style="width: 100px; height: 20px;" type="text"/></p>	<p style="text-align: center;"><b>Payment Made By :</b> Direct Deposit / Bank / Net Transfer</p> <p style="text-align: center;">Favouring "Computer Society of India"</p> <p>Bank Name : Axis Bank Ltd. Bank Branch : Adyar Branch, Chennai - 600 041</p> <p>SB A/c. No. : <input style="width: 100px; height: 20px;" type="text"/></p> <p>IFSC : <input style="width: 100px; height: 20px;" type="text"/></p> <p>Deposit Date <input style="width: 50px; height: 20px;" type="text"/> Rs. <input style="width: 50px; height: 20px;" type="text"/></p> <p style="text-align: center;"><b>For Net Transfer</b></p> <p>Transaction ID <input style="width: 50px; height: 20px;" type="text"/> Rs. <input style="width: 50px; height: 20px;" type="text"/></p> <p>Transaction Dt <input style="width: 50px; height: 20px;" type="text"/></p>
<p><b>Please send the photocopy (or) scanned copy of the Bank Pay-in-Slip to:</b>  <a href="mailto:ed@csi-india.org">ed@csi-india.org</a>      copy to: <a href="mailto:csipromotions@csi-india.org">csipromotions@csi-india.org</a></p>	

**⑥ Important Note :**

- a. Proposal for volunteer(s) received on or after 1st January of Calander year should be for a minimum period of 1 ½ years / 2 ½ / 3 ½ years.
- b. Proper account should be maintained by the SBC for the activity grant being allotted.

**⑦ Code of ethics Undertaking:**

We affirm that as a CSI volunteer, we shall abide by the Code of Ethics of the Computer Society of India (CSI). We further undertake that we shall uphold the fair name of the Computer Society of India by maintaining high standards of integrity and professionalism. We are aware that breach of the Code of Ethics may lead to disciplinary action against us under the Byelaws and rules of the CSI. We hereby confirm that we shall be bound by any decision taken by the CSI in such matters.

**⑧ Certificate by the Head of the Institute**

We hereby forward the application for CSI Accreditation.

Designation.....

Signature.....

Place ..... Date: .....

INSTITUTION SEAL

**CSI**

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