



Computer Society of India

Nomination Form for CSI Best Regional Chapter Award

Applying for

{Tick (✓) below}

Best Regional Chapter Award (Category A)	
Best Regional Chapter Award (Category B)	
Best Regional Chapter Award (Category C)	

Region	
Chapter	

Chapter Office Contact details		
Postal address	Phone No with STD Code	Email id(s)

ESSENTIAL CONDITION:

1. Submission of Annual Audited Accounts to HQ with no major adverse reporting by auditors
2. Conducted annual Chapter elections as per the Chapter Byelaws and HQ guidelines

OTHER CONDITIONS (Details to be furnished as on 31st March 2016)

At least three to five conditions of the following needs to be fulfilled:

1. Membership		
Membership Count	Individual / Life Members in number	Members in percentage
Till 31-03-2015		
Till 31-03-2016		

2. Student Branches	
Number of Student Branches as on 31-3-2015	Number of Student branches as on 31-3-2016

3. Monthly Technical Activities		
Sl No.	Name of the Activities	Remarks

4. National/ International / Regional/ Division Event		
Sl No	Name of the Activities	Remarks

5. Chapter News Letter		
Sl No	Date of Publication	Title / Theme of the Newsletter

6. Details of Deputed member for National Council and AGM

7. Other Relevant Information

Classification:-

Category A-

- a) Chapters in Metro and A grade cities viz- Delhi, Mumbai, Kolkata, Chennai, Bangalore, Ahmedabad and Hyderabad.
- b) No. of voting members more than 500.

Category B-Chapters in other cities having voting members more than 200 and less than 500.

Category C- Chapters having voting members upto 200.

DECLARATION:

I do hereby solemnly affirm and declare on behalf of CSI _____ Chapter Managing Committee that the above information given by me is correct to the best of my knowledge and belief.

Date

Signature : _____

Name and Designation of Nominating Authority

(Only Chapter Chairperson/ Secretary should send the recommendation to the Regional Vice President with the concern of respective Managing Committee)

COMMENTS FROM REGIONAL VICE PRESIDENT (RVP)

Date:

Signature & Name of RVP

APPROVED/ DISAPPROVED BY AWARDS COMMITTEE WITH COMMENTS

Date:

Concerned Authority: