



# Computer Society of India

## CHANGE OF NOMINEE FORM ( To be filled in **Block Letters** )

Institutional Membership # : I \_\_\_\_\_

Existing Member : \_\_\_\_\_ Mem # \_\_\_\_\_  
( Name & Mem #)

New Nominee Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Pincode : \_\_\_\_\_

State : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ Email : \_\_\_\_\_

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Gender :  Male  Female Date of Birth : \_\_\_\_\_

Qualification:

Degree : \_\_\_\_\_ Post Graduate : \_\_\_\_\_ Doctoral : \_\_\_\_\_

Designation : \_\_\_\_\_

Total Experience in each of the following ( in year)

___ Application Software	___ IT Mgmt	___ Process Control	___ Artificial Intelligence
___ Teaching / Research	___ Hardware	___ Medical / Electronics	___ Data Communication
___ Sales / Marketing	___ Non IT Mgmt	___ Data Security	___ Multimedia
___ Systems S/W	___ Others	___ Total Experience	

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Signature of Nominating Authority