



CIVIL SERVICES OFFICERS' INSTITUTE

KASTURBA GANDHI MARG, NEW DELHI 110 001

(REGN. NO. 32650)

TEL NO. 23383438, 23383572

www.csoi.org.in

PASSPORT
PHOTOGRAPH

MEMBERSHIP VALIDATION DATA

(TO BE SUBMITTED WITH ANNUAL SUBSCRIPTION FY 2010-2011 BEFORE MARCH 31, 2010)

MEMBERSHIP NO. _____

- REGULAR
 TENURE
 OUTSTATION
(Tick as applicable)

1. NAME :

2. DESIGNATION (SERVING/RETIRED) :

3. DATE OF BIRTH :

4. RESIDENTIAL ADDRESS :

5. SERVICE (MENTION SERVICE CADRE) :

6. PRESENT PLACE OF POSTING :

OFFICE ADDRESS :

TELEPHONE NOS OFF..... RES.....] To be updated in

E-MAIL] in case of change

MOBILE (OPTIONAL)] by the member

7. MARITAL STATUS :

8. DETAILS OF FAMILY
(i) NAME OF SPOUSE :

(ii) DEPENDENTS	NAME	AGE/DATE OF BIRTH
(Children below 21 years of age are eligible to be dependents)	(I).....
	(II).....
	(III).....

9. WEDDING ANNIVERSARY DATE :

10. ADDRESS FOR CORRESPONDENCE :

11. Details of Demand Drafts/Local Cheques in favour of C.S.O.I. enclosed for annual subscription 2010-2011.

(i) Demand Draft / Crossed Cheque* No..... Dated.....payable
at.....Bank, New Delhi.

* Only local cheques are acceptable.

Certified that the information furnished above is correct. My membership shall be withdrawn by CSOI if information furnished above is found incorrect or I violate the byelaws of the Institute. I will regularly update my mailing address in case of change and pay annual subscription before March 31 of the ensuing year.

Signature _____

Name _____

Dated _____