THE INSTITUTE OF
Company Secretaries of India
भारतीय कम्पनी सचिव संस्थान
IN PURSUIT OF PROFESSIONAL EXCELLENCE
Statutory body under an Act of Parliament
(Under the jurisdiction of Ministry of Corporate Affairs)

Library Membership Form

(……..…….. CCGRT/Regional Office/Chapter Office)

Paste your recent photograph

Name : _____

Member/Student : _____

Membership number/Student Registration number: : _____

Stage(Professional/Executive) (For Students) : _____

Associate/ Fellow Membership Number(For Members):_____

Address: :_ _____

_ _____

_ _____

Contact No.: :_ _____

Email id: : _____

(Declaration: I do hereby declare that the information provided above are true and best of my knowledge)

Date: _____ (_____)

Place: _____ Signature

Mandatory Enclosure:

1. Copy of the Identity Card/Membership Card issued by the ICSI; and

2. A self-attested copy of PAN card or Aadhar Card.

(Please Note: The online form should also be prepared in the line with the above form)