



IC/QSD/F17

## INDIAN COMPUTER EDUCATION SOCIETY

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### APPLICATION FOR RENEWAL OF REGISTRATION

FOR THE YEAR.....

NAME OF INSTITUTION	
NAME OF MEMBER	
REGN NO.	
CHAPTER	
POSTAL ADDRESS OF INSTITUTION	
PHONE	
EMAIL/WEBSITE	
NO. OF TEACHING STAFF FOR THE CURRENT YEAR	
NO. OF STUDENTS APPEARED FOR LAST SEM. EXAMS	

PAYMENT DETAILS : AMOUNT RS.....

CHEQUE/DD NO..... DATE..... BANK.....

PLACE :

DATE:..... SIGNATURE OF MEMBER

**FOR OFFICE USE ONLY**

APPLICATION FOR RENEWAL ACCEPTED / REJECTED.

DATE:..... PRESIDENT