







26. Please indicate the activities of the ICSI for which you may act as a Resource Person: [Please attach separate sheet for specifying subject(s)]
- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Guest Speaker/faculty                                | <input type="checkbox"/> Providing Expert opinion/views | <input type="checkbox"/> Papersetter/ Examiner              | <input type="checkbox"/> Interactive Learning (Oral Tuition) Faculty | <input type="checkbox"/> Writing/reviewing study material/suggested answers/guideline answers For: |
| <input type="checkbox"/> Undertaking research projects                        | <input type="checkbox"/> Member of SSB Sub-group        | <input type="checkbox"/> SMTP Faculty                       | <input type="checkbox"/> Writing Articles/Books                      | <input type="checkbox"/> Foundation <input type="checkbox"/> Final                                 |
| <input type="checkbox"/> Paper writer for professional development programmes | <input type="checkbox"/> Member Core-Group              | <input type="checkbox"/> Providing Objective type questions | <input type="checkbox"/> Advising changes in syllabus                | <input type="checkbox"/> Intermediate <input type="checkbox"/> PMQ                                 |

27. In which of the following areas you/your organisation can support various activities of the Institute:

<b>Sponsorship:</b>	<input type="checkbox"/> Professional Development Programmes	<input type="checkbox"/> National Convention	<input type="checkbox"/> Corporate Governance Award	<input type="checkbox"/> Research assignments for CCRT
<b>Advertisement:</b>	<input type="checkbox"/> Chartered Secretary	<input type="checkbox"/> Souvenir (s)	<input type="checkbox"/> News paper Supplement	<input type="checkbox"/> Others (Pl. specify) _____
<b>Donations:</b>	<input type="checkbox"/> ICSI's Building(s)	<input type="checkbox"/> Development of ICSI/CCRT Regional Councils/Chapters	<input type="checkbox"/> Library	<input type="checkbox"/> Others (Pl. specify) _____
<b>Providing:</b>	<input type="checkbox"/> Gift Hampers (For Delegates)	<input type="checkbox"/> Discount on your Company's Products	<input type="checkbox"/> Company Guest House	<input type="checkbox"/> Others (Pl. specify) _____

28. Your personal contacts with any of the following through which ICSI may be benefited:
- |   |   |   |   |   |                                    |  |
|---|---|---|---|---|------------------------------------|--|
| <input type="checkbox"/> Central Minister | <input type="checkbox"/> Chief Minister | <input type="checkbox"/> State Minister | <input type="checkbox"/> MP/MLA                     | <input type="checkbox"/> Vice Chancellor/Principal/Dean | <input type="checkbox"/> Regulator | <input type="checkbox"/> CEO/Industrialist |
| <input type="checkbox"/> Judiciary        | <input type="checkbox"/> Senior Banker  | <input type="checkbox"/> Bureaucrats    | <input type="checkbox"/> International Organisation | <input type="checkbox"/> Media                          | <input type="checkbox"/> NGO       | <input type="checkbox"/> Others            |

Please mention the name: (Please attach separate sheet, if required)

29. Would you like to be associated with "Professional Help Centres" being set up by the ICSI to advise junior members/budding Company Secretaries on matters relating to CS Profession:

If yes, please indicate whether you would like to advise:  In person  Over Phone  Through E-mail Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

30. Would you like to act as a "Counsellor" proposed to be nominated by the ICSI to guide the prospective students about the CS course in your city:  Yes  No

31. Whether you are attending Institute's Professional Development Programmes regularly:  Yes  No

32. Please suggest topics on which you would like to attend the programmes:

- \_\_\_\_\_
- \_\_\_\_\_

(Please attach separate sheet, if required)

33. Whether you are interested in buying Chartered Secretary journals of 25 years on CD:  Yes  No
34. Whether your or any other company known to you would like to subscribe Chartered Secretary annually through your good offices. If yes, No. of subscription
35. Whether you are interested in buying Institute's publications. If yes:  Please update me with the list of publications regularly
36. Would you like to join an IT Course being conducted by ICSI:  Yes  No  Please send me the course details

37. Whether you are a Member of ICOSA London:  Yes  No

38. Whether you belong to Central/State Civil Services/Judicial Services:  Central  State  Judicial (Pl. specify) \_\_\_\_\_ State/Cadre \_\_\_\_\_

39. Directorship of Companies: Directorship held as nominee   Total no. of Directorship held

Whether enrolment obtained under ICSI-ICAI MOU as a:  Member  Student

40. Qualifications:

Academic qualification	Name of the College / Institution and City
Professional qualification	
<input type="checkbox"/> CA <input type="checkbox"/> LL.B <input type="checkbox"/> CWA <input type="checkbox"/> M B A <input type="checkbox"/> Other (Pl. specify) _____	

Name of School last attended: \_\_\_\_\_

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

41. Would you like to help the Institute in organising career counselling programmes in your above School/College(s)/Institution(s) OR in any other School/College/Institution/Club. If yes, please mention the name of School/College/Institution and City: (Please attach separate sheet, if required)

42. Whether you are a member of any Club. If yes, please mention the name of club and position held by you, if any:

