

THE INSTITUTE OF COMPANY SECRETARIES OF INDIA
PROFORMA FOR DATA BANK OF MEMBERS & FOR ISSUANCE OF IDENTITY CARD

ABOUT YOURSELF

1. You are:

FCS
 ACS
 No.

2. Date of Birth:

D D M M Y Y Y Y

IMPORTANT INSTRUCTIONS

1. Please mark (✓) in the appropriate box(es).
2. Please attach separate sheet, where ever required for providing further information.
3. Please fill this proforma with BLUE/BLACK Ball point pen and in CAPITAL letters only. Write only one letter in one box.

3. Title: Mr. Ms. Dr. Other (Please specify) _____

4. Name: (in BLOCK LETTERS only) Leave a space blank between each part of the name.

First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Residential Address:

<input type="text"/>
<input type="text"/>

City: Pin Code:

State:

STD Code: Telephone Number: 2nd Telephone Number:

Mobile Number:

Personal e-mail I-D (If any):

Your Native place: _____ Native State: _____

<p>6. You are in:</p> <p><input type="checkbox"/> Employment • <input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Practice • <input type="checkbox"/> Others (Please specify) _____</p> <p><input type="checkbox"/> Business</p>	<p>If in Employment</p> <p><input type="checkbox"/> Top Management</p> <p><input type="checkbox"/> Middle Management</p> <p><input type="checkbox"/> Others</p>	<p>If in Practice</p> <p><input type="checkbox"/> Proprietor</p> <p><input type="checkbox"/> Partner</p>	<p>If in Business</p> <p><input type="checkbox"/> Proprietor</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Director</p>
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Your Complete Designation



15. Areas of your Specialisation: Please mark (✓) in the appropriate box(es).

a. CORPORATE LAWS

Corporate Restructuring

Strategic Planning

Intellectual Laws (IPR)

Secretarial Audit

FEMA

Disinvestment

b. COMPANY LAW

Corporate Governance

Foreign Company Law

Mergers & Amalgamation

Capital Restructuring

c. TAX LAWS

Excise

Customs

Direct Taxes

Sales Tax

Service Tax

VAT

d. OTHER LAWS

Property/Estate Matters

Cooperative Societies

International Trade Laws

Arbitration & Conciliation

WTO

Labour Laws

Environmental Laws

e. CAPITAL MARKET & SEBI

Primary Market

Secondary Market

Derivatives

Take over code

Depository/DP/RTA

Securities Audit

Buy back

Insider Trading

Mutual Fund

ESOP/Flits

f. BANKING, FINANCE & INSURANCE

Insurance

Banking/NBFC

Finance

Forex and Treasury Management

Exim Policy

g. FOREIGN ASSIGNMENTS

Joint Venture

ADR/GDR/Foreign Listing

FDI/Indian Investment Abroad

Incorporation of Company Abroad

Others (Pl. specify)

h. SKILLS

Drafting of Contracts/Agreements

Statutory Drafting

Information Technology

i. APPEARING BEFORE

Company Law Board

Securities Appellate Tribunal

Debt Recovery Tribunal

Income Tax Tribunal

Consumer Forum

Supreme Court

High Court/District Court

FEMA

AAIFR / BIFR

Sales Tax Tribunal

MRTPC

CEGAT

IRDA

TRAI

Trade Mark Registry

Electricity Board

Others

16. Details of your Published work as Author/Co-Author/Editor: Books Research papers Articles Others
(Please attach separate sheet, if required)

17. Pl. indicate subject/topic of the research projects carried out/being presently carried out by you including dissertation for M.Phil/Ph.D:

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18. Your Teaching Experience in:

University College Mgmt. Institutes OT Classes of CA CS CWA Others

Subject(s):

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19. Are you a member of any of the Committee constituted by: (Please attach separate sheet, if required)

Government/Regulatory Authority DCA SEBI RBI Others (Pl. specify) _____

Chamber of Commerce & Industry CII FICCI ASSOCHAM Others (Pl. specify) _____

Professional Body ICAI ICSI ICWAI Others (Pl. specify) _____

Educational Institution Management Institution University College/School Others (Pl. specify) _____

20. Whether you are a Central Council Member, an Office Bearer, Managing Committee Member of the Regional Council/Chapter of :

ICAI ICSI ICWAI Please specify _____

21. Whether you are member of any Company Secretaries' e-group. If yes, Please specify _____

ICSI & YOURSELF Please mark (✓) in the appropriate box(es).

22. Whether you are a member of ICSI Yes No Please send me the details for acquiring membership

Benevolent fund: Yes No Please send me the details for registration of company/firm

23. Whether your company/Firm is registered with the ICSI for imparting training Yes No Please send me the details for registration of company/firm

24. Is there any vacancy available or likely to be available in near future for CS in your Organisation/Business or Company known to you: Yes No
(Please attach separate sheet, if required)

25. How would you like to pay ICSI membership fee: Annual as at present One time fees Through ICICI Bank Pay-in-slip Through Credit Card



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:

Sponsorship:	<input type="checkbox"/> Professional Development Programmes	<input type="checkbox"/> National Convention	<input type="checkbox"/> Corporate Governance Award	<input type="checkbox"/> Research assignments for CCRT
Advertisement:	<input type="checkbox"/> Chartered Secretary	<input type="checkbox"/> Souvenir (s)	<input type="checkbox"/> News paper Supplement	<input type="checkbox"/> Others (Pl. specify) _____
Donations:	<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) _____
Providing:	<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

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

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

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:

