



CONSORTIUM FOR INDIAN INFORMATION TECHNOLOGY EDUCATION

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MEMBERSHIP ENROLMENT FORM

MEMBERSHIP ID:

INSTITUTION DETAILS

Name of Your Institution _____

If Affiliated to University/ Board

Name of the University / Board _____

Address of your Institution _____

Pin Code **State** _____

Country INDIA _____

Contact Phone Number

Website URL http:// _____

Year of Incorporation
D D - M M - Y Y Y Y

Registration Number _____
(Support Document Required)

Head of the Institution (Name) _____

Designation _____

Contact Details
(STD - Phone No – Extn.)

Mobile No + 91

E-mail _____

Funding Details

Is your Institution

- A Non- Profit Organisation
- Being Funded by the Government
- Private/Autonomous

Give details about your organisation and their funding:

(Support Document Required)

Is your institution being funded for any research studies? If yes give details of the organisation funding your research:

Information Technology / Computer Science Department

Does your institution have a separate department Yes No
for Information Technology?

If yes, please give the details of the following

(Support Document Required)

Total No. of Research Scholars

Total No. of Research Projects

(Mention the numbers in the boxes)

 Completed &Awarded In Progress

Total No. of teaching staff in the department

Total No. of students in the department

Specialised courses offered by the department if any _____

Number of computers in the Institution? (Mention the numbers in the boxes)

TOTAL NUMBER OF COMPUTERS

SERVER(S) **WINDOWS** **UNIX**
 SUN SOLARIS **LINUX**

SPECIFY OTHERS if any _____

OPERATING SYSTEM (S) **WINDOWS** **LINUX**
 UNIX **MAC**

SPECIFY OTHERS if any _____

DATABASE SERVER(S) **SUN SOLARIS** **MS SQL SERVER**
 MY SQL **ORACLE**

SPECIFY OTHERS if any _____

List of Software's and Tools currently used

Internet Connectivity Yes No

Service Provider _____

Leased Line Yes No

Wi-Fi Yes No

Bandwidth (Mbps/Kbps) _____

Contact Person - Computer Science / Information Technology Department

Name _____

Designation _____

Address for correspondence _____

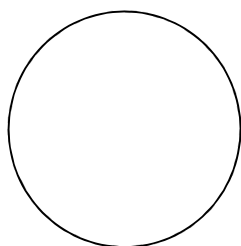
Contact telephone number

Land Line (*STD-Phone No -Extn.*) - -

Mobile No + 91

E-mail 1 _____

E-mail 2 _____



Institutional Seal:

Signature of the Institution Head

Name: _____

Designation: _____

Place: _____

Date: _____

Please support all the above claims with necessary documentation wherever possible. Document proof wherever possible will help in quick processing and avoid unnecessary delay. CIITE retains the right to accept or reject any application without assigning any reasons thereof.