



FORM - PLEASE FILL AND RETURN THIS FORM WITH YOUR PAYMENT TO :

ACADEMIC COUNCIL

National Cyber Safety and Security Standards

No: 131, 1st floor, 6th "C" Main, 4th Block Jayanagar, Next to Police Station, Bangalore - 560050.

Phone: +91-9945683265 / +91- 9900039039 | E-mail: support@nationalcybersafety.com, council@ncdrc.res.in

Please use BLOCK LETTERS to fill the form

Name of the Institution : [Grid]

[Grid]

Founder Name : [Grid]

Institution Category : University College School

If University : Central University State University Deemed University Private University

If College : Govt. Govt. Aided Private Autonomous

Affiliated to (University) : [Grid]

Accredited by : [Grid]

If School: Govt. Aided Private

Vice-Chancellor / Principal Name : [Grid]

Overall Students Strength (in No.) : [Grid]

Overall Faculty / Staff Strength (in No.) : [Grid]

Address : [Grid]

[Grid]

City : [Grid]

State: [Grid]

Phone : [Grid]

Fax : [Grid]

Email ID : [Grid]

Website: [Grid]

Nodal Officer Name : [Grid]

Designation : [Grid]

Mobile : [Grid]

Email ID : [Grid]



NATIONAL CYBER SAFETY AND SECURITY STANDARDS ACADEMIC COUNCIL MEMBERSHIP APPLICATION FORM

MEMBERSHIP & PROCESSING FEE:

- Membership & Processing Fee (Per Year for College/University): INR 5,000 /- (Five Thousand) + Taxes Applicable
- Membership & Processing Fee (Per Year for School): INR 2,500 /- (Two Thousand and Five Hundred) + Taxes Applicable

I enclose a Cheque/ Demand Draft No for INR Dated
at bank in favour of "**National Cyber Safety and Security Standards**" towards the Membership Fee.

TERMS & CONDITIONS :

1. Your Membership is non-transferable.
2. All objectives and benefits are subject to modification, improvement or substitution without notice and NCSSS makes no representations or warranties with respect to, and accepts no responsibility or liability for, out of date or erroneous information related thereto.
3. NCSSS reserves the right, at its sole discretion, to change the terms and conditions of this Agreement at any time.
4. No refund or transfer of membership fee on cancellation.

DECLARATION :

I with designation..... hereby declare that the above furnished information is true to my knowledge and belief. I also agree to abide by the terms, conditions and decisions of the National Cyber Safety and Security Standards.

Date

Concern Authority Signature