



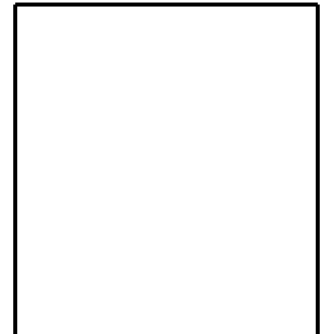
No.

St. Xavier's College (Calcutta) Alumni Association

30, Park Street, Room No. 5, Kolkata - 700 016, India • Phone : 2280-5566

Email : sxccaa.cal@gmail.com • Website : www.sxccaa.net

LIFE MEMBERSHIP FORM



1. A. Name :

(Surname)

(Middle Name)

(First Name)

B. Gender

M

F

(Tick only)

2. Father's/Husband's Name : _____

3. Date of Birth : _____ / _____ / _____
Date Month Year

4. Present Occupation : _____

5. Permanent Address: _____

Pin

Phone

Fax

E-mail

Mobile

6. Present Address :

Pin

Phone

Fax

E-mail

7. Office Address :

Pin

Phone

Fax

E-mail

8. Communication Address :

(Tick only)

Year's in College : _____

9. Course :

Roll No.

From :

To :

9.1 _____

9.2 _____

9.3 _____

10. Qualification earned after leaving College :

	Degree/Diploma :	Institution :	Year :
10.1	_____	_____	_____
10.2	_____	_____	_____
10.3	_____	_____	_____

11. Membership in other Organizations :

Name of the Organization and nature of membership :

11.1 _____

11.2 _____

11.3 _____

12. Awards/Honours/Membership earned :

12.1 _____

12.2 _____

12.3 _____

13. A. Marital Status : Married Single (Tick only)

B. Name of Spouse : Wedding Date :

C. Name of Children :

Name :	Age :	Sex :
13.1 _____	_____	_____
13.2 _____	_____	_____
13.3 _____	_____	_____

14. Special Interest Areas you would like to be involved in [please tick]

14.1 Sports Blood Group

14.2 Cultural Programme

14.3 Social Work

14.4 _____

15. Please attach any evidence of your being a Xaverian.

16. Through.....

17. [] I accept to receive SMS from "SXCCAA". {Tick the box }

Declaration :

I hereby declare that I am willing to be a life member of St. Xavier's College (Calcutta) Alumni Association

and enclose Demand Draft/Cheque No.....Date.....

Drawn on.....

for Rs. 6018/- Membership Fees will be treated as Donation towards the Corpus Fund of the Association.)

Signature

Date.....

MEMBERSHIP FEE : RS.6018/-

(Rs. 5000/- as Membership Fee, Service Tax extra as applicable, Rs. 100/- as Processing Charges and GST)

Cheque/Demand Draft in favour of : ST. XAVIER'S COLLEGE (CALCUTTA) ALUMNI ASSOCIATION

For Office use only

Received by : Date Cheque/Draft No.
Amount Rs. Drawn on

Receipt No. & Date Dated

DATA FOR LIFE MEMBERSHIP CARD

Life Membership No.

Name

Address

Year of Passing

Stream

I hereby confirm that the information given above are true.

Rs. 100.00 is being sent herewith. You are requested to please issue me a new look Life Membership Card.

Note : Please sign within the box.

(Signature of the Member)

DATA FOR PUBLICATION IN DIRECTORY OF MEMBERS OF SXCAA

Name		Date of Birth	
Name of Spouse		Anniversary	
Membership No.	Gender	Blood Group	Hobbies
Stream / Degree	Batch / Year	Degrees Obtained Later	
Profession	Name of Organisation		
Designation	E-mail		
Address (Off.)		Phone No.	
		Fax No.	
Address (Res.)		Phone No.	
		Mobile No.	
Signature			

Please enclose three(3) recent Passport Size colour photographs