



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. 9,086/- Membership Fees will be treated as Donation towards the Corpus Fund of the Association.)

Signature

Date.....

MEMBERSHIP FEE : RS. 9,086/-

(Rs. 7500/- as Membership Fee, Rs. 200/- as Processing Charges and GST@ 18% extra as applicable)

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. 200.00 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 SXCCAA

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

Please enclose three(3) recent Passport Size colour photographs