

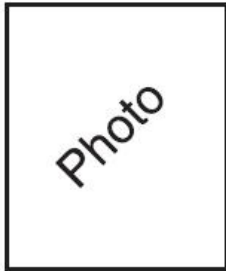


St. Xavier's College (Calcutta)
Alumni Association

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IDENTITY CARD FORM

Life Member



DO NOT STAPLE PHOTO



Holder's Signature (DO NOT TOUCH THE LINE)

TO BE FILLED IN CAPITAL LETTERS

Name: _____

Resi. Address : _____

Membership No. : _____ Year : _____ Stream: _____

Blood Group: _____ Member's Mobile No.: _____

Emergency contact person : _____ Tel/Cell: _____
