



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 enclosed 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, GST extra as applicable, Rs. 100/- as Processing Charges and GST)

Cheque/Demand Draft in favor 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*