



No.

St. Xavier's University Kolkata Alumni Association

Action Area III B, New Town, Kolkata 700 160 India • Phone : 033-66249813

Email : sxukaa@sxuk.edu.in Website: www.sxuk.edu.in

SPECIAL MEMBERSHIP FORM

SXCCAA membership number : _____

Name : _____

(First Name) (Middle Name) (Surname)

Gender : M F

Father's / Husband's Name : _____

Date of Birth : _____/_____/_____

(Date) (Month) (Year)

Blood Group :

Permanent Address : _____

Pin : _____ Phone : _____

Fax : _____ E-mail : _____

Present Address : _____

Pin : _____ Phone : _____

Fax : _____ E-mail : _____

Mobile : _____

Office Address : _____

Pin : _____ Phone : _____

Fax : _____ E-mail : _____

Mobile : _____



Present Occupation : _____

Membership in other Organisations :

Name of the Organisation and nature of membership :

- 1) _____
- 2) _____
- 3) _____

Awards/ Honours/ Membership earned :

- 1) _____
- 2) _____
- 3) _____

Marital Status : Married Single

Name of Spouse : _____

Name of children :

- 1) Name : _____ Age : _____ Sex : _____
- 2) Name : _____ Age : _____ Sex : _____
- 3) Name : _____ Age : _____ Sex : _____

Special interest areas you would like to be involved in :

_____ (Please Specify)

I agree to receive regular communication from St. Xavier's University Kolkata Alumni Association via post, e-mail and SMS. (Tick the box)

Declaration :

I hereby declare that I am willing to be a Special member of St. Xavier's University, Kolkata Alumni/ae Association.

I believe in the objectives of St. Xavier's University Kolkata Alumni Association and agree to abide by all the rules and regulations of the association.

Please find enclosed :

Cheque / DD no. : _____ Drawn on : _____

Dated : _____ For : ₹ _____

(Signature)

Date

For Office use only

DATA FOR PUBLICATION IN DIRECTORY OF MEMBERS OF SXUKAA			
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 (Official)			Phone No.
			Fax No.
Address (Residential)			Phone No.
Signature			Mobile No.

Please enclose two (2) Passport sized colour photographs