No. ................

St. Xavier’s University Kolkata Alumni Association (SXUKAA)

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

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

**LIFE MEMBERSHIP FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. A. | Name : |  |  |  |  |  |  |
|  |  | (Surname) |  | (Middle Name) | (First Name) |  |
| B. | Gender | M |  | F |  | (Tick only) |  |
|  |  |  |  |

1. Father’s/Husband’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Month Year

1. Present Occupation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pin Phone

Fax E-mail

Mobile

6. Present Address :

Pin

Fax

Phone

E-mail

7. Office Address :

|  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Pin |  |  |  |  |  |  | Phone |  |
|  |  | Fax |  |  |  |  |  |  | E-mail |  |
| 8. | Communication Address : | 5 |  | 6 |  | 7 |  | (Tick only) | Year’s in |
|  |  |  |  |  |  |  |  |  |  |  |  | University : |
| 9. |  | Course : |  | Roll No. |  |  | From : | To : |
|  | 9.1 |  |  |  |  |  |  |  |  |  |  |  |

9.2

9.3

10. Qualification earned after leaving University :

Degree/Diploma : Institution : Year :

10.1

10.2

10.3

1. Membership in other Organizations :

Name of the Organization and nature of membership :

11.1

11.2

11.3

1. Awards/Honors/Membership earned :
2. 1
3. 2
4. 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 13. A. | Marital Status : | Married |  | Single |  |  | (Tick only) |
| B. | Name of Spouse : |  |  | Wedding Date : |  |

1. Name of Children :

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name : |  | Age : |  |  | Sex : |  |
|  | 13.1 |  |  |  |  |  |  |  |  |  |  |
|  | 13.2 |  |  |  |  |  |  |  |  |  |  |
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|  | 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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. Please attach any evidence of your being a Xaverian.
2. Through............................................................................................................................................
3. [ ] **I accept to receive SMS from “SXUKAA”.** {Tick the box}

**Declaration :**

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



**Signature**

Date....................................

**For Office use only**

Typeset by : Manjit Singh Ho

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **DATA FOR LIFE MEMBERSHIP CARD** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Life Membership No. |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Name |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |  |
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| Year of Passing |  | Stream |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

I hereby confirm that the information given above are true.

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 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 (Off.) |  |  |  |  |  |  |  |
|  |  |  |  |  | Phone No. |  |  |
|  |  |  |  |  | Fax No. |  |
|  | Address (Res.) |  |  |  |  |  |  |  |
|  |  |  |  |  | Phone No. |  |
|  |  |  |  |  |  |  |  |  |
|  | Signature |  |  |  | Mobile No. |  |
|  |  |  |  |  |  |  |  |  |
|  |  | *Please enclose three(3) recent Passport Size colour photographs* |  |