

**ST. XAVIER'S COLLEGE (AUTONOMOUS)**

30 MOTHER TERESA SARANI

KOLKATA-700016Recent Colour  
Photograph**Alumni/ae Input Form**

Session: 2021-22

No.: (for Office use only)

<b>Name :</b>		
<b>Gender :</b>	<b>Age:</b>	
<b>SXCAA Membership No :</b>	<b>Year of membership:</b>	
<b>Address (Residence):</b>	<b>Address (Office):</b>	
	<b>Designation:</b>	
<b>Phone (Residence):</b>	<b>Phone: (Office):</b>	<b>Mobile:</b>
<b>e-mail ID:</b>		
<b>As an alumnus / alumna what is your involvement in and service to St. Xavier's College:</b>		
1.		
2.		
3.		
4.		
5.		
<b>What is your involvement in and service to the Alumni Association:</b>		
1.		
2.		
3.		
4.		
5.		

**Name of your Son/Daughter:****Online Application Code/s :****Signature****Date:**

Submit this form to the Principal's Office along with an appeal letter addressed to the Principal and a copy of the online application acknowledgement sheet/s.