

ST. XAVIER'S COLLEGE (AUTONOMOUS)

30 MOTHER TERESA SARANI KOLKATA-700016

Alumni/ae Input Form

Session: 2025-26

Recent Colour Photograph of the Alumni Member

Form No.:

Name:					
Gender:	А	Age:			
SXCCAA Membership No :	Υ	Year of membership:			
Address (Residence):	A	Address (Office):			
	D	esignation:			
Phone (Residence):	Phone: (Office)	Phone: (Office): Mobile:			
e-mail ID:					
As an alumnus / alumna what is your involvement in and service to St. Xavier's College:					
1.					
2.					
3.					
4.					
5.					
What is your involvement in and service to the Alumni Association: 1.					
2.					
3.					
4.					
5.					
Name of your Son/Daughter:					
Online Application Code/s :					

Signature : Date:

Kindly submit it to Fr. Principal's Office (in person) arranging in the following order:

- 1. An appeal letter addressed to Fr. Principal
- 2. Filled in Alumni/ae Input Form
- 3. Copy of the online application acknowledgement sheet(s)
- 4. A photocopy of your Alumni Membership Card