St. Xavier’s College Association
Commerce Section
Application for Membership

Registration No: _____
Receipt No: _____
Date: _____

The Honorary Secretary.

St. Xavier’s College Association (Commerce Section),
St. Xavier’s College, 5 Mahapalika Marg, Mumbai 400 001.

1. Full Name: Mr./Miss ________________________________________________
   (in CAPITALS) surname first name middle name
2. Date of Birth: __________ Gender: ___________ Nationality: ______________
3. Residential Address: ________________________________________________
   Tel No.______________________
4. E-Mail*_______________________Personal Website: ____________________
5. Year of passing TYBCom: __________ Further Qualifications:______________
6. Occupation: ___________________________ Position: ____________________
7. Office Address: ________________________________ ____________________
   Tel. No._________________ Fax No. ________________
8. I declare that I kept terms at St. Xavier’s College, Mumbai, for not less than one
   academic year viz. in the years: _______________________________________
9. If my application is accepted by the Executive Committee, I desire to be a Life
   Member of the Association by paying Rs. 100.
10. I agree to abide by the Constitution and the rules of the Association.

Date: _______________                     Signature

*All further communication by Association to Alumnus will be through e-mail.
* For queries, contact email: commercesxcedu@gmail.com