



St. Xavier's College(Autonomous)

Career Oriented Programme

30 Mother Teresa Sarani (Park Street), Kolkata - 700 016

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Form No: **APPLICATION FORM - 2010**

Tax Practice and Procedure

1. Name:

2. Date Of Birth: 3. Sex: Male Female

4. Education Qualification:

5. Year of Passing/Appearing: 6. Whether SXC Student: Yes/No If Yes: Dept. _____ Sem _____ Roll _____

7. Name of School/ College/ University :

8. If Employed, Details:

9. Religion: 10. Caste:

11. Self/Family Monthly Income: Rs.

12. Parent's/Gardian's Name:

13. Present Address:

14. City/District: 15. Pincode:

16. Phone: 17. Mobile:

18. Email: 19. Blood Group:

1. Course Fees once paid will not be refunded. 2. 1st installment is to be paid by cash/D.D.

I agree to abide by the rules of the college and directives given from time to time.

Place:

Candidate's Signature

Date:



For Office Use only :-

Roll No. _____

Fees Paid (Part/Full) (Cash/D.D) : Rs. _____

D.D. No. _____ Date : _____

Signature of Professor-in-Charge

Signature of Principal

Date :

Date :