



CREDIT SHEET

ST.XAVIER'S COLLEGE (AUTONOMOUS), KOLKATA
30, MOTHER TERESA SARANI, KOLKATA-700016
RECORD OF NON-ACADEMIC CREDIT HOURS/ACTIVITIES

NAME OF STUDENT: _____ ROLL NO: _____ ROOM NO: _____

SEMESTER: _____ DEPARTMENT/SUBJECT: _____ DATED: _____

SL.NO	NAME OF THE DEPARTMENT/SOCIETY	NATURE OF WORK	NUMBER OF DAYS/DATES	TOTAL NO. OF HOURS	SIGNATURE OF THE PROFESSOR/DIRECTOR IN-CHARGE WITH OFFICE SEAL
1.					
2.					
3.					
4.					
5.					
6.					

I declare that the information I have recorded is true.

Signature of Student: _____ Signature of Vice-Principal: _____

- Each entry must be validated by the signature of the Professor/Director-in-charge.
- Certificates/recommendations from outside organisations must be attached for verification.