



FEDERATION OF JESUIT ALUMNI ASSOCIATIONS OF INDIA
The Jesuit Alumni Exchange Program
Team Member Application

CONTACT INFORMATION

Name in full

FIRST (GIVEN)

MIDDLE

LAST (FAMILY)

Male

Female

Date of Birth / / (DD/MM/YYYY)

Mailing address (required)

NUMBER AND STREET

CITY/TOWN

STATE / PROVINCE

POSTAL CODE

COUNTRY

HOME TELEPHONE

OFFICE TELEPHONE

FAX E-MAIL

Country of Citizenship _____ Country of Birth _____

Name of sponsor *Alumni Association* _____

Person to notify in case of emergency

RELATIONSHIP

NAME

TELEPHONE

ADDRESS

FAX E-MAIL

Marital Status _____ (for host Association use)

Children : How many _____ Names and ages _____

Passport No. _____ Place of Issue : _____ Date of Issue : _____ Date of Expiry : _____

EDUCATION RECORD

Year (From To)

Level (School / College / PG)

Certification

| Year (From To) | Level (School / College / PG) | Certification |
|----------------------------|-------------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please send duly filled form by post to secretariat – J.A.A.I., C/o. St. Xavier's College, 30, Park Street, Room No-5, Kolkata – 700 016. Or email to – jaaindia@gmail.com