



ST. XAVIER'S UNIVERSITY
NEW TOWN
KOLKATA-700156

SPONSORSHIP FORM FOR ADMISSION
[SPONSORSHIP BY ORGANIZATION]

CANDIDATE DETAILS		
Name of the Candidate:		
Course Applied for:		
Applicant's Registration No:	Application Code:	
SPONSOR DETAILS		
Name of the Sponsoring Body:		
Name of the competent authority:		
Designation:		
Address (Office):	Address (Residence):	
Phone (Office):	Phone (Residence):	Mobile:
e-mail ID:		
Relationship with the candidate:		
Purpose of Sponsorship:		

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I agree to abide by the decision of the University authorities.

Signature

Date:

Seal of the Organisation