

XAT ASSOCIATE PARTICIPATION FORM

1. **Name of the Institute/ University:**

Full Address:

Phone:

Email Id: (i).....(ii).....

Website:

2. **Details of the contact personnel for correspondence:**

Designation:

Mobile:

Email:

3. a) Details of Approved Courses being conducted (Tick the option as applicable)

Full Time: Part Time: Distance Learning:

b) Approving Authority (Tick the option as applicable)

AICTE University Government

c) Name of the programme for which,XAT 2024 scores will be used

d) Duration of the Programme:

4. **Participated in XAT**

XAT 2019 XAT 2020 XAT 2021 XAT 2022 XAT 2023 New Member

5. **Details of the Participation Fee (inclusive of taxes)** Tick the option as applicable

One Year : ₹ 1,45,140/- (1,23,000+18% GST)

Two Years : ₹ 2,10,040/- (1,78,000 +18%GST)

Group of Institutes (One year) : ₹ 2,10,040/- (1,78,000 +18%GST)

Five years : ₹ 4,20,080/- (3,56,000 +18%GST)

6. **Please find the bank details below for the payment through NEFT/RTGS:**

Bank Name: IDBI Bank Ltd. Account Name: Xavier Labour Relations Institute

Account Type: Savings Account No.: 0017104000350297

Branch: Bistupur, JAMSHEDPUR IFS Code: IBKL0000017

Bank details (Transaction Id & Date of transaction)

7. **Kindly fill up the following information (Mandatory)**

Name:	
Permanent Account Number (PAN): (Copy Mandatory)	
GSTIN No. / Provisional GSTIN No. (Copy Mandatory)	
TAN No.	
Customer Address as per GSTIN:	

City	
State	
PIN	
Customer Point of Contact for tax compliance purpose:	
Name:	
Email:	
Mobile:	

8. I/We hereby accept the terms and conditions for using the XAT 2024 scores and I/We am/are the authorized personnel to sign the documents on behalf of the institute.

Place:

Date:

Signature:

Name:

Designation:

Seal:

