XAT ASSOCIATE MEMBERSHIP PARTICIPATION FORM – 2027

*SECTION 1: INSTITUTE / UNIVERSITY DETAILS

Name of Institute / University (IN CAPITAL LETTERS):

_____

Full Address: _____

Phone Number: _____

*Email ID: (I)_____Email ID: (II)_____

Website: _____

*SECTION 2: CONTACT PERSONNEL DETAILS FOR CORRESPONDENCE

Name: _____

Designation: _____

Mobile No: _____

Email ID: _____

Email ID for receiving XAT 2027 Data: _____

*SECTION 3: DETAILS OF APPROVED COURSES BEING CONDUCTED

A. Programme Type (Tick ✓ Applicable)

☐ Full Time ☐ Part Time ☐ Distance Learning

B. Approving Authority

☐ AICTE ☐ University ☐ Government

C. Programme name for which XAT 2027 scores will be used:

_____

Duration of the Programme: _____

*SECTION 4: XAT PARTICIPATION

A. Participated in XAT:

☐ XAT 2021 ☐ XAT 2022 ☐ XAT 2023 ☐ XAT 2024 ☐ XAT 2025 ☐ XAT 2026

☐ New Member – XAT 2027

B. Last XAT Membership Fee Details *(Not Applicable for New Members)*

Transaction ID & Date: _____ Amount Paid: _____

*SECTION 5: MEMBERSHIP FEE SELECTION

Option	Membership Category	Base Fee (₹)	GST (18%)	Participation Fee (Inclusive of GST)	Select
A	Annual Membership	₹ 1,23,000	₹ 22,140	**₹ 1,45,140**	☐
B	Two-Year Membership	₹ 1,78,000	₹ 32,040	**₹ 2,10,040**	☐
C	Group of Institutes (One Year)	₹ 1,78,000	₹ 32,040	**₹ 2,10,040**	☐
D	Five-Year Membership	₹ 3,56,000	₹ 64,080	**₹ 4,20,080**	☐

*SECTION 6: PAYMENT DETAILS

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

Bank Details for Payment through NEFT/RTGS	
Bank Name	IDBI Bank Ltd.
Account Name	Xavier Labour Relations Institute
Account Type	Savings Account
Account Number	0017104000350297
Branch	Bistupur, Jamshedpur
IFSC Code	IBKL0000017
Transaction ID / UTR No.	
Date of Transaction	____ / ____ / _____
Amount (₹)	

*SECTION 7: KINDLY FILL UP THE FOLLOWING INFORMATION

Name of the Institute/ University:	
Name (As per the GST Certificate)	
Permanent Account Number (PAN): (Copy Mandatory)	
GSTIN No./ Provisional GSTIN No. (Copy Mandatory). In case GST is not applicable, kindly submit the duly filled GST Declaration Form (attached).	
TAN No. (Mandatory)	
Customer Address as per GSTIN:	
City	
State	
PIN	
Customer Point of Contact for tax compliance purpose:	
Name:	
Email:	
Mobile:	

*SECTION 8: TAX INVOICE DETAILS

Tax Invoice to be Generated in the Name of: _____

*SECTION 9: DECLARATION

I/We hereby accept the terms and conditions for using the XAT 2027 scores and I/We am/are the authorized personnel to sign the documents on behalf of the institute.

Place: _____

Date: _____

Signature: _____

Name: _____

Designation: _____

Seal: _____