

KERALA TAX PRACTITIONERS' ASSOCIATION

31/425, S. A. ROAD, VYTILLA, KOCHI 682 019

APPLICATION FOR MEMBERSHIP

(All columns should be filled in. In case of nothing to be offered in any column, please state as "Nil" or N/A"

To

The General Secretary,
Kerala Tax Practitioners' Association, Kochi-19

District	
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Dear Sir,

I submit the following information to consider me as a member of the association.

1. Name in full (In block letters, with initials last)

2. Gender (Put "X" in the appropriate box)

3. Name of Father or Husband

4. Date of Birth

5. (1) Permanent Address

(Subsequent change should be notified)

Male					Female				
DD			MM			YY			
Post									
PIN									
District									
Phone			Code					No.	
Mobile No.									
E-mail									

5. (2) Office Address

(Subsequent change should be notified)

Post									
PIN									
District									
Phone			Code					No.	

(Specify Address for Communication. Put "X" Mark)

5. (1)		5. (2)	
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6. Educational Qualifications

7. I.T.P. No. (Please attach copy of the enrolment certified)

8. S.T.P. No. (Please attach copy of the enrolment certificate)

9. Name of the S.T. OFFICE in which you have maximum number of cases

Place of Practice (Area/Thaluk)

No				Year					
No.				Year					
Name of Office								Code	

I hereby declare that the information submitted above is true to the best of my knowledge and belief and further undertake that I shall abide by the Rules and Regulations of the Association.

Place	
Date	

Signature	
Name	

Enclosures:

1. Two recent colour photos
2. Fee Rs 1000 admission fee Rs 300 and Annual subscription fee Rs 300)
3. Self attested copy of the ITP/SIP Enrolment Certificate.

For office use only						Membership. No.
Date of receipt of Application				Signature		
Decision of the State Executive Council:-	Unit			Fees Received	Yes	No
	Signature Secretary					
						Folio No.