

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)

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

Male		Female	
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3. Name of Father or Husband

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4. Date of Birth

DD			MM			YY		
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5. (1) Permanent Address

(Subsequent change should be notified)

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

No		Year	
No.		Year	
Name of Office			Code

Place of Practice (Area/Thaluk)

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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 ~~750~~- (admission fee Rs ~~300~~- and Annual subscription fee Rs ~~450~~-)
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.