

THE TAX PRACTITIONERS' ASSOCIATION, AURANGABAD
PLOT NO.88, OPP. DIC OFFICE, AURANGABAD – 431 005 (MH.)

ENROLMENT FORM FOR MEMBERSHIP

Please affix your
photograph here &
sign across it

(Do not staple the
photograph)

Name : _____
(last Name) (First Name) (Middle Name) *

Educational Qualifications : _____

Spouse's Name : _____

Date Of Birth : _____

Spouse's Date Of Birth : _____

Date of Marriage : _____

Address (off.) : _____

_____ PIN Code _____

Phone (off.) : _____

Cell No. : _____

E-mail Id : _____

Address (Resi.) : _____

_____ PIN Code _____

Phone No.(Resi.) : _____

Introduced By : _____

Seconded By : _____

Signature

- Enclosed:- 1) 2 Pass Port size Photographs.
2) Qualification Certificate Xerox
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3) A Cheque of Rs. 6100/- Towards Membership Fees.
(including ` 5,000/- Bldg. Fund , ` 100/- Adm. Fees. & Yearly Subscription ` 1,000/-)