

ALL KERALA INCOME TAX & SALES TAX PRACTITIONERS' ASSOCIATION

(Registered Under the Travancore Cochin Literary, Scientific & Charitable Societies Registration Act, 1955 (XII of 1955) No. ER.38/87)

DEVI NIVAS, VARGHESE THITTEL ROAD, PERUMANOOR. P.O, KOCHI - 15

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

District:	
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**The General Secretary,
All Kerala Income Tax & Sales Tax Practitioners' Association, Kochi-15.**

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)	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Male</td> <td style="width: 20px; border: none;"></td> <td style="border: 1px solid black; padding: 2px;">Female</td> <td style="width: 20px; border: none;"></td> </tr> </table>	Male		Female															
Male		Female																	
3 Name of Father or Husband																			
4 Date of Birth	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">DD</td> <td style="width: 20px; border: none;"></td> <td style="border: 1px solid black; padding: 2px;">MM</td> <td style="width: 20px; border: none;"></td> <td style="border: 1px solid black; padding: 2px;">YY</td> <td style="width: 20px; border: none;"></td> </tr> </table>	DD		MM		YY													
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5 Permanent Address																			
(Subsequent change should be notified)																			
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10 Name of the S.T.OFFICE in which you have maximum number of cases	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Name of Office</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Circle</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Name of Office		Circle															
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Place of Practice [Area/Thaluk]

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	

Enclousres :

1. Two recent colour photos (3.5 cm X 2.5cm)
2. A DD for Rs.200/- drawn in favour of "All Kerala Income Tax & Sales Tax Practitioners' Association" payable at Ernakulam
3. Copy of the ITP/STP Enrollment Certificate.

For office use only					
Date of receipt of Application			Signature		
Decision of the board:-	Unit		Fees Received?	Yes	No
	Signature Secretary		M.No		Folio No.