



KARNATAKA STATE TAX PRACTITIONERS ASSOCIATION (R)

3035, 14th Cross, 6th Main, BSK II Stage, Bangalore - 560 070.

Admn. Office : No. 2, IIIrd Floor, 'C' Block, Revankar Complex, T.B. Road, HUBLI - 29.

Dist. : Dharwad, Karnataka State

Photo

No. _____

MEMBERSHIP ENROLMENT FORM

1. Name (In Block letters)			
2. Office	Address :	Residence	
3. Date of Birth & Age			
4. Telephone & Mobile No.	(O) (M)	(R)	
	E-mail :		
5. Academic Qualification			
6. Number of years of Practice			
7. If Practioner, have you registered with the Commissioners of Income-Tax, Sales Tax. If so, quote the Registration No. If Advocate, name the State in which you are enrolled.			
8. If you are a Member of the Dist. Tax Bar Association, please furnish name and address of the Dist. Tax Bar Association/Tax Practitioners Association			
9. Any other information which you desire to furnish			

I request that I may be enrolled as Member of Karnataka State Tax Practitioners Association, Bangalore. I shall abide by the Rules and regulations of the Association.

Place _____

Date _____

Signature

(Cheque or D.D. in the name of Karnataka State Tax Practitioners Association, Hubli)

FOR OFFICE USE ONLY

Sir _____ has been admitted to the Association as a Life/Ordinary Member and his name has been duly entered in the Register of Members under Sl. No. _____