

DISTRICT TAX BAR WELFARE ASSOCIATION
Application form of membership

To

The Executive Committee
District Tax Bar Welfare Association

Sir

I may enrolled as a member of the District Tax Bar Welfare Association. I am duly qualified to be the member of District Tax Bar Welfare Association. I give here under the particulars,

1. Name (in Block letters)
2. Father's Name
3. Date of Birth
4. Name of Spouse
5. Name of Children
1.
2.
3.
6. Address (a) Office
- Phone
- (b) Resi
- Phone
7. Enrollment No./Registration No
- Date & Authority with which
- Enrolled/Registered

DECLARATION

I..... do hereby declare that the particulars given above the true and correct to the best of my knowledge & belief. I undertake to abide by the rules of the District Tax Bar Welfare Association as farmed from time to time.

Signature _____
Date _____

FOR OFFICE USE

Gen. Secretary

