## **GST PRACTITIONER'S ASSOCIATION (R)**

10, Court Road, Amritsar Email: gstpa.asr@gmail.com



## **FORM OF APPLICATION FOR ADMISSION**

I, DESIRED TO BE ENROLLED AS A MEMBER OF GST PRACTITIONER'S ASSOCIATION (R)

FULL NAME				
				Affix Your
FATHER NAME				Recent Passport
				Size Photograph
DOB	ADDHAAI	R CARD NO		Herein
OFFICE ADDRE	ESS			
E-MAIL			MOBILE. NO.	
ENROLMENT NO/MEMBERSHIP NO. & DATE			PAN. NO	
I am sending herewith Rs(Rupees		es		)
On account of A	Admission/Entrance Fee and Ann	ual Membership Su	ubscription by Cash/DD/	Cheque
No	Dated	of		
			(Name & E	Branch Add. Of Bank).
I am also a mei	mber of the following Bar Assoc	eiations:-		
NAME OF ASSO	OCIATION & DISTRICT.			
1				
2				
PLACE			Yours faithfully	
DATED	TED		(Name in Block Letters & Signature)	

• Self Attested copy of Enrolment Certificate issued by Bar Council, ICAI, Commissioner to be enclosed.