



Central Body for Enrolled Tax Practitioners of India  
To associate with all round practice as business

# INSTITUTE OF TAX PRACTITIONERS OF INDIA

(Non Government Organisation Registered Under Societies Registration Act, 1860 and The Karnataka Societies Registration Act, 1960  
Wide Regd.No. DRO/SJN/SOR/472/2015-16

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Registered/Head Office: # 3043, 15th Cross, VI MAIN, BSK II Stage, Bengaluru-560070, Karnataka, India.

Website: [www.aitpi.org](http://www.aitpi.org)

e-Mail ID: [info@aitpi.org](mailto:info@aitpi.org) & [tpimission@gmail.com](mailto:tpimission@gmail.com)

Phone No. 08040992444

## APPLICATION FOR INDIVIDUAL MEMBERSHIP OF THE INSTITUTE

### 1 NAME OF THE APPLICANT

Please Select Title  /  as applicable  Shri.  Smt.  Kum.

FULL NAME (IN BLOCK LETTERS)

### 2 FATHER'S NAME (IN BLOCK LETTERS)

### 3 GENDER

/ as applicable  MALE  FEMALE

### 4 DATE OF BIRTH

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 5 ADDRESS FOR CORRESPONDENCE

Flat/Room/Door/Block No.  
Name of the Premises/ Building/Village  
Road/Street/Lane/Post Office  
Area/Locality/Taluk/Sub-Division  
Town/City/District  
State/Union Territory  
PIN Code / ZIP code

### 6 PERMANENT ADDRESS

Flat/Room/Door/Block No.  
Name of the Premises/ Building/Village  
Road/Street/Lane/Post Office  
Area/Locality/Taluk/Sub-Division  
Town/City/District  
State/Union Territory  
PIN Code / ZIP code

### 7 TELEPHONE NUMBERS & E-MAIL ID DETAILS

Land Line Number	STD CODE	OFFICE	RESI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax Number ( if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>
e-Mail ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 8 EDUCATIONAL QUALIFICATION

### 9 LINE OF PRACTICE

#### DETAILS OF PROFESSIONAL ENROLLMENT (PL FURNISH A COPY)

##### CATEGORY

INCOME TAX PRACTITIONERS	<input type="checkbox"/>
SALES TAX ACT PRACTITIONERS	<input type="checkbox"/>
VAT ACT PRACTITIONERS	<input type="checkbox"/>
TAX RETURN PREPARERS (IT)	<input type="checkbox"/>
TAX RETURN PREPARERS (ST)	<input type="checkbox"/>
OTHER QUALIFICATIONS (SPECIFY)	<input type="text"/>
NEW ASPIRANT	<input type="checkbox"/>

as applicable

##### ENROLLMENT NUMBER

##### DATE OF ENROLLMENT

##### ENROLLMENT AUTHORITY

### 10 VOCATIONAL TRAININGS (if any)

STATE  
CENTRAL

##### COURSE NAME

##### DATE OF COMPLETION

##### AUTHORITY

### 11 ORGANISATIONAL CONNECTIVITY

TALUK/TEHSIL ORGANISATIONAL UNIT	<input type="checkbox"/>
DISTRICT ORGANISATIONAL UNIT	<input type="checkbox"/>
STATE ORGANISATIONAL UNIT	<input type="checkbox"/>
NATIONAL / STATE BODIES IF ANY (AIFTP /FKCCI)	<input type="checkbox"/>

### 12 DETAILS OF FEES DEPOSITED

BANK & ADDRESS	<input type="text"/>
ACCOUNT & IFSC	<input type="text"/>
REGISTRATION FEE	<input type="text"/>
SUBSCRIPTION FEE	<input type="text"/>
DATE & REF NO. OF DEPOSIT MADE	<input type="text"/>

DEPOSIT FEE

PUNJAB NATIONAL BANK, COMMERCIAL STREET, BANGALORE CANTT-560001

A/C NUMBER 0040002100095258 IFSC PUNB0004000

Rs.200/-

Rs.100/-

### DECLARATION

I,..... S/O, D/O .....Do hereby solemnly affirm and states what is stated above is true and correct to the best of my information. I agree to abide with the bylaw, rules and regulations of the Institute.

Date

Place

Signature of the Applicant

Signature of the Head of the State Chapter

### FOR OFFICE USE ONLY

Application received	<input type="text"/>	Dated	<input type="text"/>	Final Decision	<input type="text"/>	Dated	<input type="text"/>
Membership Regn. & Fees details	<input type="text"/>	Dated	<input type="text"/>	Zonal Code	<input type="text"/>	Register / Page Number	<input type="text"/>
State Chapter Recommendation	<input type="text"/>	Dated	<input type="text"/>	State Code	<input type="text"/>	Register / Page Number	<input type="text"/>
Placed before MC Meeting	<input type="text"/>	Dated	<input type="text"/>	District Chapter Alloted	<input type="text"/>	Register / Page Number	<input type="text"/>
Remarks of MC	<input type="text"/>	Dated	<input type="text"/>	Membership Number: IM ITPI/	<input type="text"/>	Dated	<input type="text"/>