



FEDERATION OF TAX PRACTITIONERS TAMILNADU

(Regd. No. 138/1988 • Regd. No. 50/2018)

Regd. Office: Rajbhavan, No:1829, Keeraikadai Lane, South Main Street, Thanjavur – 613009

Admin Office: No.19, Sodanayyakar Street, Bishop Road, Puthur 4 Road, Trichy – 620017

Email: ftptmailnadu@gmail.com | **Phone:** +91 93630 01775

APPLICATION NO.

**FTPTN-2026-
EQRE433**

Date: 10-09-2026

MEMBERSHIP APPLICATION FORM

MEMBERSHIP NO.: _____	DISTRICT : Tiruchirappalli
MEMBERSHIP CATEGORY: ☒ Ordinary ☐ Life ☐ Associate ☐ Other	DATE OF ADMISSION: _____

A. PERSONAL & CONTACT DETAILS

NAME	Ahamed Hassian	
FATHER'S / SPOUSE NAME	Father Name	
DATE OF BIRTH / BLOOD GRP	23-03-2003 Blood Group: B+	
CONTACT NUMBERS	Mobile: 9876543213 Alt: 9876543213	
EMAIL ID	ahamed@ramchand.com	
RESIDENTIAL ADDRESS	Test aaddress	

B. PROFESSIONAL DETAILS

FIRM / OFFICE NAME	SRM Tax Associates	DESIGNATION / STATUS	Propetitor
PROFESSIONAL ADDRESS	Nope, just	YEARS OF PRACTICE	10 Years
CHAPTER / ASSOCIATION	Trichy Tax	REFERENCE / PROPOSED BY	Ganapthi @f
PROF. QUALIFICATION	B.com	OTHER QUALIFICATION	Diploma
GSTIN	dddfdfdfdfdfdf	PAN NUMBER	dddfdfdfdf

C. TAX / PROFESSIONAL REGISTRATION DETAILS

QUALIFICATION / REGISTRATION	REGISTRATION NO.	YEAR	EXPERIENCE
STP (SALES TAX PRACTITIONER)	ddeded	65464	465
VAT (VALUE ADDED TAX)	ffefefe	46546	65464
GSTP (GST PRACTITIONER)	ffefef	654654	6464
ITP (INCOME TAX PRACTITIONER)	456464	645546	6545
CTPR (CERTIFIED TAX PRACTITIONER)	654645	645654	64564



D. NOMINEE DETAILS

NOMINEE NAME	Fathere
RELATIONSHIP	Fathere
DATE OF BIRTH	10-09-2026
MOBILE NUMBER	9876541231
ADDRESS	Nope, just

E. DOCUMENTS ENCLOSED

- ☐ PAN Card ☐ Aadhaar Card ☒ Passport Photo ☐ Payment Proof / Receipt
☐ STP Certificate ☐ VAT Certificate ☐ GSTP Certificate ☐ ITP Certificate ☐ CTPr Certificate
☐ Other Tax Certificate ☐ Professional Qualification Certificate ☐ Address Proof

F. WELFARE / INSURANCE DETAILS (OPTIONAL)

HEIGHT	WEIGHT	INSURANCE / POLICY NO.	REMARKS
175	70	No	no

G. DECLARATION

I hereby declare that the information furnished by me in this **Membership Application Form** is true and correct to the best of my knowledge and belief. I agree to abide by the Rules, Regulations, **Bye-Laws and Code of Conduct of the Federation of Tax Practitioners, Tamilnadu**, and undertake to maintain the dignity and professional standards of the Federation.

PRIVACY NOTE: Personal information furnished in this form will be used only for membership, statutory, welfare, insurance and administrative purposes and handled with strict confidentiality.

PLACE: Trichy	APPLICANT'S SIGNATURE: <i>Ahamed Hassian</i>
DATE: 10-09-2026	NAME: Ahamed Hassian

H. FOR OFFICE USE ONLY

APPLICATION VERIFIED: ☐ Yes ☐ No	MEMBERSHIP APPROVED: ☐ Yes ☐ No
RECEIPT NO: _____	AMOUNT RECEIVED: ? _____
MEMBERSHIP NO: _____	ADMISSION DATE: _____
VERIFIED / APPROVED BY: _____	AUTHORIZED SIGNATORY: _____