

FEDERATION OF TAX PRACTITIONER'S
TAMILNADU

No. 19, SODANAYAKAR STREET, PUTHUR 4 ROADS, TIRUCHIRAPPALLI – 620017
E.mail: ftptmailnadu@gmail.com

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'S NAME	Father Name
DATE OF BIRTH	23-03-2003	BLOOD GROUP	B+
RESIDENTIAL ADDRESS	Test aaddress	WHATSAPP NO.	9876543213
		ALTERNATIVE MOBILE NO.	9876543213
EMAIL ID	ahamed@ramchand.com		

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
PROFESSIONAL QUALIFICATION	B.com	OTHER QUALIFICATION	Diploma
GSTIN (IF APPLICABLE)	dddfdfdfdfdf	PAN	dddfdfdfdf

C. TAX / PROFESSIONAL REGISTRATION DETAILS

QUALIFICATION / REGISTRATION	REGISTRATION NO.	YEAR	EXPERIENCE
STP	ddeded	65464	465
VAT	ffefefe	46546	65464
GSTP	ffefef	654654	6464
ITP	456464	645546	6545
CTPR	654645	645654	64564

MEMBERSHIP APPLICATION – PART II

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 Cert. ☐ VAT Cert. ☐ GSTP Cert. ☐ ITP Cert. ☐ CTPr Cert.
☐ 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 Practitioner's, 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 due confidentiality.

PLACE: Trichy	APPLICANT'S SIGNATURE: Ahamed Hassian
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. _____	DATE _____
VERIFIED / APPROVED BY _____	SIGNATURE _____