

**Distt. Taxation Bar Association (Regd.)**  
**(DIRECT TAXES)**  
AAYKAR BHAWAN, RISHI NAGAR, LUDHIANA

**Application Form for Membership**

I.....  
(NAME OF CAPITAL LETTERS)

S/O-D/O.....

ADDRESS:-

**Residence**.....

.....

**Office**.....

.....

Ph. (O).....(R)..... (M).....

Email.....

Professional Area: CA/CS/Adv./ITP (Tick one and Cross Others)

Membership No. (or other Enrolment No.-if applicable)

Enclosures:

I have enclosed

1. KYC
2. Qualification Proof
3. Practice Certificate or any other evidence of practice
4. Fees Paid Amount (Rs.)
5. Transaction No./Cheque No./Receipt No.
6. Date of Payment

I hereby apply for being enrolled as a member of the Bar Association (Direct Taxes), Ludhiana. I hereby confirm and undertake that information as furnished above is true and correct and I fulfil the eligibility criteria to become a member. I undertake to abide by the Memorandum and By Laws of the Bar.

(Signature of Applicant)

Scrutiny by Jt. Secretary: .....  
(Status and Date with Remarks, if any)

Any Remarks by recommending authority. ....

(Recommended/Not Recommended)  
(SECRETARY)

(Admitted/Not Admitted)  
(PRESIDENT)

Membership Number Assigned..... With Date .....