

**THE WESTERN MAHARASHTRA TAX PRACTITIONERS' ASSOCIATION**  
**Yadav Vyapar Bhavan, 602, Shukrawar Peth, Shivaji Road, Pune – 411002**  
**Ph. No. (020) 24470237**

**NOMINATION FORM 2019-20**

Particulars	Name in Full	Phone No.	Membership No.
Proposer			
Secunder			

To,  
The Secretary  
The Western Maharashtra Tax Practitioners' Association  
Yadav Vyapar Bhavan Shivaji Road  
602, Shukrwar Peth Pune 411002

Dear Sir

We propose Mr/Mrs/Miss \_\_\_\_\_ as candidate for  
The post \_\_\_\_\_ of the above association for the year 2019-20

Yours Sincerely

1 Proposer :  
(Signature)  
Name : \_\_\_\_\_

2.. Secunder :  
(Signature)  
Name : \_\_\_\_\_

**CONSENT OF THE CONDIDATE**

My name is proposed as candidate for the above election with my consent.

Particulars	Name in Full	Phone No.	Membership No.
Candidate			

Signature of the Candidate : \_\_\_\_\_

**For Office use only**

Received the Nomination form on date \_\_\_\_\_ time \_\_\_\_\_

**Acknowledgement**

**The Western Maharashtra Tax Practitioners' Association**

Received the Nomination form for the year 2019-20 for the post of \_\_\_\_\_

From Mr/Mrs/Miss \_\_\_\_\_ and register at Sr.No. \_\_\_\_\_

In the Election register.

Time :

Date :

Place : Pune

Signature

for The Western Maharashtra Tax Practitioners' Association