## THE WESTERN MAHARASHTRA TAX PRACTITIONERS' ASSOCIATION

Yadav Vyapar Bhavan, 602, Shukrawar Peth, Shivaji Road, Pune – 411002 Ph. No. (020) 24470237

NOMINATION FORM 2019-20	
INCHININA LICHN FURNI ZULY-ZU	

Particulars	Name in Full		Phone No.	Mambarghin No			
	Name in run		Phone No.	Membership No.			
Proposer Seconder							
Seconder							
Yadav Vyapai	Maharashtra Tax Practition r Bhavan Shivaji Road r Peth Pune 411002	ers' Association					
Dear Sir							
Wa proposa N	Ar/Mrs/Miss		ac aand	idata for			
	We propose Mr/Mrs/Miss as candidate for  The post of the above association for the year 2019-20						
The post	of the above association for the year 2019-20						
Yours Sincere	ser:		conder:				
(Signa			ignature)				
Name	<b>:</b>	Na	ame :				
CONSENT OF THE CONDIDATE							
	CONSENT	OF THE CONDI	DATE				
My name is proposed as candidate for the above election with my consent.							
Particulars	Name in Full		Phone No.	Membership No.			
Candidate	110000000000000000000000000000000000000		110101101	1,10msersmp 1,00			
			l				
Signature of the Candidate :							
For Office us Received the 1	<b>e only</b> Nomination form on date _		time				
Acknowledge The Western	ement Maharashtra Tax Practi	tioners' Associati	on				
Received the	Nomination form for the va	ear 2019-20 for the	nost of				
Received the Nomination form for the year 2019-20 for the post of and register at Sr.No							
In the Election	register.		and regi				
Time:	- 6						
Date:		Signature					
Place : Pune		for The Western Maharashtra Tax Practitioners' Association					