## ALL INDIA FEDERATION OF TAX PRACTITIONERS

Redg. Office: 215, Rewa Chambers, 31, New Marine Lines, Mumbai 400 020 Email aiftpho@gmail.com

## ELECTION TO THE MANAGING COMMITTEE (EASTERN ZONE) (PRESCRIBED NOMINATION FORM)

	Particulars of the Candidate:
	Name:
	Practicing
	since (Specify the year)
	Member since(Specify
	DD/MM/YEAR)
	Add.:
	• •
	Tel. (0)(R)
	Fax:(Mob.)
	E-mail:
To,	
ELECTION OFFICER, ZO	ONE, AIFTP
	,
	_
Dear Sir,	
I propose Shri/ Smt	
as a candidate for member of the	
Zone) of the Federation for the & 2027.	e term of ensuing two years i.e. 2026
	Yours faithfully,
Proposed by (full	ll name) Signature in full
Seconded by (full	ll name) Signature in full
	l. If elected, I undertake to abide by ales framed by the Federation as also
observe Standard of Profession	al Conduct and Etiquette prescribed to
be followed by the Members of t	he Federation. I further agree to abide
by the AIFTP Election Rules, 20	021 and Election Code of Conduct.
Date:	. Signature
	(Candidate)