## ALL INDIA FEDERATION OF TAX PRACTITIONERS PROFORMA BIODATA FOR CENTRAL ZONE ELECTION (2026 & 2027)

Passport Size Photo

Signature of the Candidate

NAME	:	
PROFESSION	:	
OFFICE ADDRESS	:	
STD CODE :		
OFFICE TEL. NO. :		
MOBILE NO.	:	
E-MAIL	:	
RESIDENCE TEL. NO.		
PROFESIONAL REGISTRATION NUMBER & YEAR:		
YEAR OF AIFTP ENROLMENT:		
DATE OF BIRTH :		