Regn. No. 1632/2001



SALES TAX BAR ASSOCIATION LUCKNOW.

Affix the photo in advocate uniform

4th Floor vanijya Kar Bhawan, 5, Meera Bai Marg, Lucknow.226001 Email Id:- stbalucknow@gmail.com website:- www.stbalucknow.in

MEMBERSHIP FORM

The Secretary Sales Tax Bar Association, Lucknow. 226001 Dear Sir, I want to be the member of sales tax bar association Regd. at 4th Floor vanijya Kar Bhawan, 5, Meera Bai Marg, Lucknow. the required particulars are furnished below: 1. Name of Candidate	To	•			
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the required particulars are furnished below: 1. Name of Candidate (In Block Letters) 2. Father's /Husband's Name 3. Address (Chamber)	νe	•	riation Read at 4 th Floor vaniiva	Kar Bhawan 5 Meera Bai Marg Tucknow	
1. Name of Candidate	th		ciation Regu. at 4 Floor valligya	Rai bilawali,5, Meela bai Maig, Luckilow.	
2. Father's /Husband's Name		• •			
3. Address (Chamber)	Τ.	(In Block Letters)			
### Address (Residence) ### Address (Residence) ### MOB./Tel.No ### MOB	2.	Father's /Husband's Name			
4. Address (Residence)	3.	Address (Chamber)			
4. Address (Residence)				MOR /Tel No	
				•	
5. Date Of Birth	4.	Address (Residence)			
6. Education Qualification				MOB./Tel.No	
6. Education Qualification	5.	Date Of Birth	Age	WHATTSAPP NO	
7. Bar Council U.P. No./Date			_		
(Photocopy of the certificate attached) 8. Date of Starting Practice in Taxation	6.	Education Qualification	EMAIL.ID		
8. Date of Starting Practice in Taxation	7.			D.P. NO	
9. Nature of the Membership (Tick any one) Honorary/Non Resident/Ordinary/Life Member. I have gone through the rules and regulation of Sales Tax Bar Association and agree to abide by them as may modify form time to time. I therefore, request that I may be enrolled as a member of this Association. Place: WITNESS Unit Name	Q	(Photocopy of the certificate attached)			
I have gone through the rules and regulation of Sales Tax Bar Association and agree to abide by them as may modify form time to time. I therefore, request that I may be enrolled as a member of this Association. Place: Date: WITNESS UITNESS Vertificate that the applicant has paid Annual Subscription of Rs	0.	Date of Starting Fractice in Faxation			
time to time. I therefore, request that I may be enrolled as a member of this Association. Place: Date: WITNESS Certificate that the applicant has paid I know the applicant personally and I recommend that he or she may be enrolled as Member of this association. Certificate that the applicant has paid Annual Subscription of Rs	9.	Nature of the Membership (Tick any one) Honor	rary/Non Resident/Ordinary/Life	Member.	
I therefore, request that I may be enrolled as a member of this Association. Place: Date: WITNESS I know the applicant personally and I recommend that he or she may be enrolled as Member of this association. Pull Name			Sales Tax Bar Association and ag	ree to abide by them as may modify form	
Place: Date: WITNESS Certificate that the applicant has paid I know the applicant personally and I recommend that he or she may be enrolled as Member of this association. Pull Name				V > 5 11 6 11	
Date: WITNESS Certificate that the applicant has paid I know the applicant personally and I recommend that he or she may be enrolled as Member of this association. Proposer Full Name		therefore, request that I may be enrolled as a member of this Association.		Your's Faithfully	
WITNESS I know the applicant personally and I recommend that he or she may be enrolled as Member of this association. 1. (Proposer) Full Name		Place:		Full Name	
I know the applicant personally and I recommend that he or she may be enrolled as Member of this association. 1. (Proposer) Full Name		Date:			
I recommend that he or she may be enrolled as Member of this association. 1. (Proposer) Full Name		WITNESS		Certificate that the applicant has paid	
1. (Proposer) Full Name					
1. (Proposer) Full Name Executive Member Of Sales Tax Bar Association Lucknow. 2. (Seconder) Full Name Ordinary Member					
Full Name Executive Member Of Sales Tax Bar Association Lucknow. Full Name Ordinary Member		as Member of this association.		Nodate	
Full Name Executive Member Of Sales Tax Bar Association Lucknow. Full Name Ordinary Member		1 (Dranacar)	2 (Sacandari)	TDEACHDED	
Executive Member Of Sales Tax Bar Association Lucknow. Ordinary Member					
The Screening committee of the Sales Tay Bar Association in its meeting held on dated					
		The Screening committee of the Sales Tay Par A	resociation in its mosting hold on	dated	
Enrolled the applicant as its member w.e.f				uateuIldS	

INSTRUCTIONS FOR NEW MEMBERSHIP

- 1. The cost of the form is Rs. 100.00 and can be paid through online NEFT/RTGS method or manual with treasurer of the association.
- 2. The cost of the membership is Rs.960.00 Yearly (Rs. 80.00 per month) can be paid through online NEFT/RTGS method or manual with treasurer of the association.

Documents to be annexed.

- 1. One Photograph in advocate uniform.
- 2. Copy of Registration Certificate issued by U.P Bar Council Prayagraj.
- 3. Copy of Certificate of Practice (C.O.P).
- 4. Copy of result as Passed in ALL INDIA BAR EXAMINATION.
- 5. An affidavit regarding no commercial activity (format enclosed).
- 6. An affidavit regarding no C.O.P and not applied/Passed in ALL INDIA BAR EXAMINATION.
- 7. One ID Proof.

DETAIL OF BANK ACCOUNT OF ASSOCIATION

SALES TAX BAR ASSOCIATION BANK NARHI BRANCH, LUCKNOW ACCOUNT NO. 2411010100005904 IFSC- PUNB0631200

Note:- Take the print out and fill the complete form and if you can pay online payment pay Rs.100.00 and take the print out of online payment proof. Then Contact to the Treasurer of the association with required papers. And be ready for the screening to accept the membership.

When visit the bar for screening please wear Advocate uniform.

CONTACT NO.

1. SHRI RAKESH TYAGI PRESIDENT 98385583

2. SHRI RAVI SHANKAR RAJPUT SECRETARY 9415157572,9307660228

3. SHRI HARMEET SINGH TRESURER 9839703577