INCOME TAX BAR ASSOCIATION, CALCUTTA

AAYAKAR BHAWAN ANNEXE(1st floor),P-13,CHOWRINGHEE SQUARE,KOLKATA-700 069
PHONE:2248-3390(D),2213-6040/6058/6070/Extn.1841
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COLOURED PHOTO 2.5 c.m x 3.5 c.m

1)	NAME:
	DATE OF BIRTH.
3)	DATE & ENROLMENT NO. WITH BAR COUNCIL OF WEST BENGAL
4)	DATE OF ENROLMENT AS MEMBER OF ITBA.
5)	ADDRESS: OFFICE
	RESIDENCE
6)	TELEPHONE NO: OFFICE:
	RESIDENCE
	MOBILE
	E-mail
7)	NAME OF SPOUSE
8)	BLOOD GROUP
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	SIGNATURE OF THE MEMBER
	DATE
	NOTES:i) Please enclose TWO COPIES COLOURED photo having size 2.5 c.m x 3.5 c.m-One photo
	is to be pasted in this FORM in the space provided and another will be delivered to the Office mentioning
	his/her NAME in the back side of photo.
	ii) This FORM is to filled up all in CAPITAL LETTERS except e-mail.