



TAX STUDY CENTERTM

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APPLICATION FORM

Name of the Candidate
(in block letters)
Sex, Age and Date of Birth
Religion and Caste
Permanent Address
.....
District..... Pin..... Phone with STD Code
Name of Father/Husband
Address to which communications are to be sent
.....
Qualification

Course to which the applicant joined in this institution:

1. Accounts Assistant Course
2. Accountant Course
3. Tax Practitioner Course
4. Finance Manager's Course
5. Accounts Manager's Course

Subject :
Fee remitted :

DECLARATION

I declare that statement in the application are true to the best of my knowledge and I shall abide by the rules and regulation of the institution and I shall pay the dues on the dates specified and I shall not interfere with its orderly government and I accept the Director of the institution as the final judge on such matters of omission and commission.

Place
Date

Signature of the candidate

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