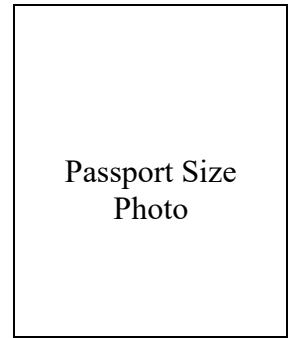


**ALL INDIA FEDERATION OF TAX PRACTITIONERS  
PROFORMA BIODATA FOR ZONAL ELECTION  
(2024 & 2025)**



**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 :**

**Signature of the Candidate**