ITPRF-01

Attach 2 copies of Passport size photo of the Applicant here

**Application Form for Income Tax Practitioner (ITP) Registration-2017**

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| Use Uppercase Letters (Unless Instructed Otherwise). Write one letter in each box. Keep an empty box between two words |

1. **Name of the Applicant:**

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1. **Av‡e`bKvixi bvg (evsjvq):**

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1. Father's/Husband’s Name (As per National ID):

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1. **Mother's Name:**

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1. **Present Address (Mailing Address):**

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District: Post code

1. **Permanent Address:**

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District: Post code:

1. **Educational Qualifications** (Fill in appropriate columns only):

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| Sl. | Name of Exam | Board/University | Year of Passing | Roll No | GPA/Class/ Division |
| 1. | SSC or Equivalent |  |  |  |  |
| 2. | HSC or Equivalent |  |  |  |  |
| 3. | Graduation |  |  |  |  |
| 4. | Masters |  |  |  |  |
| 5. | Law |  |  |  |  |
| 6. | Degree/Diploma in Taxation |  |  |  |  |
| 7. | Degree/Diploma in Banking with Higher Auditing |  |  |  |  |
| 8. | Others (If any) |  |  |  |  |

1. **Date of Birth: 9. Nationality:**

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1. **National ID Card No. 11. Mobile No:**

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**12. E-mail Address:**

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**13. Treasury Challan Information:**

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| Challan No: |  |  | Date: |  |
|  |  |  |  |  |
| Treasury Bank: |  |  | Branch: |  |

I am applying for registration as Income Tax Practitioner (ITP) under section 174 and rule-37 of the *Income Tax ordinance,1984*.

I solemnly declare that to the best of my knowledge and belief the information given hereinabove is correct and complete.

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|  |  |  |  |  |  | **Signature of the Applicant** | | | |
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|  |  |  |  |  | Date: |  | | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Full Name : |  | | | |

**Please do not write anything below this line**

(For official use only)

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| A. Sl. No: |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
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| Roll No: |  |  | |  |  |  | |  |  | |  |  |  | |  |  |  |  |
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| Written: |  | | Vive-Voce: | | | |  | | | Total: | | |  | |  |  |  |  |

Admit card for the written and viva-voce examinations applicable for the eligible candidates will be forwarded to the mailing address in column-5 of this application form.