



## The Goods & Services Tax Practitioners' Association of Maharashtra

(Formerly – The Sales Tax Practitioners' Association of Maharashtra)

Office: 8 & 9, Mazgaon Tower, 21, Mhatar Pakhadi Road, Mazgaon, Mumbai – 400010

Tel: 23752267/68 Library 1. Mazgaon: 1st Floor, 104, GST Bhavan,

Bandra (East), Mumbai – 400 051 Email : [gstpam.election@gmail.com](mailto:gstpam.election@gmail.com)

Website: [www.gstpam.org](http://www.gstpam.org)

### NOMINATION FORM

To,  
The Chief Election Officer,  
The Goods and Services Tax  
Practitioners' Association of  
Maharashtra,  
Mazgaon Tower, 8 & 9, Ground Floor,  
21, Mhatar Pakhadi Road, Mazgaon,  
Mumbai-400 010

Name and address of the candidate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
MobileNo: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

I propose \_\_\_\_\_ as candidate for  
(Full name in block letters)  
the ensuing election of the Managing Committee of the above Association for the year 2023-24 for the post  
of \_\_\_\_\_

- 1) Proposed by (Full Name) \_\_\_\_\_ Mobile No. \_\_\_\_\_  
E-mail ID \_\_\_\_\_ (Signature) \_\_\_\_\_
- 2) Seconded by (Full Name) \_\_\_\_\_ Mobile No. \_\_\_\_\_  
E-mail ID \_\_\_\_\_ (Signature) \_\_\_\_\_

#### Consent and undertaking by the candidate:

My name is proposed as a candidate for the above post with my consent.

I have read the amended rules of the election as contained in the Article 17 of the constitution of the Association and I undertake to abide by the same.

I further state that on the date of submission of this form myself, proposer and seconder are not in arrears of membership fees.

I declare that I have fulfilled the relevant criteria' and, therefore, contesting the election for the above post the details of which is as under:-

Managing Committee Member	Date on which candidate became the member of the Association	<u>Date</u>		
Hon. Jt. Secretary or Hon. Treasurer	Years in which candidate was a Managing Committee Member.	<u>Year</u>		
Vice President or President	Years in which candidate has held the position as an Office Bearer of the Association.	<u>Date</u>	<u>Post</u>	
		<u>1</u>		
		<u>2</u>		

\*All Fields are mandatory to be filled up

Candidate's Signature

## For Office use

**Verification of the form is as under:**

Name of the Candidate:- \_\_\_\_\_ Post Applied for:- \_\_\_\_\_

Nomination form received on \_\_\_\_\_ Collected by (Staff Member) / e-mail \_\_\_\_\_

Whether received in time? Yes / No.

Details of fees paid

Candidate Name	Membership No.	Fees Received (amt.)	Date	Receipt No.	Condonation (If any)
Proposer's Name	Membership No.	Fees Received (amt.)	Date		Condonation (If any)
Secunder's Name	Membership No.	Fees Received (amt.)	Date		Condonation (If any)

**Verified that the above nomination Form is in order**

Criteria found as per our records is as under: -

Managing Committee Member	Date on which candidate became the member of the Association	<b><u>Date</u></b>		
Hon. Jt. Secretary or Hon. Treasurer	Years in which candidate was a Managing Committee Member.	<b><u>Years</u></b>		
Vice President or President	Years in which candidate has held the position as an Office Bearer of the Association.		<b><u>Years</u></b>	<b><u>Post</u></b>
		<b><u>1</u></b>		
		<b><u>2</u></b>		

**Criteria is fulfilled for the post applied: -YES / NO**

**Chief Election Officer**