



THE CHAMBER OF TAX CONSULTANTS

12th Residential Refresher Course on GST
ANANTA SPA & RESORTS, JAIPUR
[11th to 14th January, 2024]

ENROLLMENT FORM

Name of Member _____ Sex: M/F _____ Age _____

Firm Name _____ GSTIN _____

Mailing Address: _____

_____ Telephones: (O) _____

Mobile: _____ Email id: _____

(Kindly fill in Email address carefully and in legible writing, since all the communication from Chambers' office with regards to this conference would be only by email)

Details of Travel Schedule, if already done

Arrival at Jaipur on 11th January 2024

Flight No _____ Airline _____ Arriving at Jaipur at _____ .AM/PM

Train No _____ Train Name _____ Arriving at Jaipur at _____ AM/PM

Departure from Jaipur on 14th January 2024

Flight No _____ Airline _____ Dep. from Jaipur at _____ .AM/PM

Train No _____ Train Name _____ Dep. from Jaipur at _____ AM/PM

Choice of Room Partners

(to be considered, only if possible)

Preference of Food

(Veg / Jain)

Course Material to be collected - Personally _____ by Courier _____

I would like to act as Group Leader : Paper 1 _____ Paper II _____

Delegate Fees:

Draft /Cheque No. _____ Dated _____ Drawn on _____

Branch _____ for Rs. _____ is enclosed herewith

Date: _____

Signature _____

Notes:

1. All fields are mandatory. Kindly fill in all the fields in BLOCK LETTERS only
2. Furnish copy of identity proof (Any One) Aadhar Card / Driving License/ Passport
3. Soft copy of conference material will be emailed on email id provided

Registered Office

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