



**The Chamber of
Tax Consultants**
Estd. 1926
Mumbai | Delhi

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10th Residential Refresher Course on GST DELTIN, Daman

Varkund, Nani Daman, Daman & Diu. PIN 396210

Enrolment 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)

Choice of Room Partners (to be considered, only if possible)

(1) _____

Preference of Food (Non Jain / Jain)

Course Material to be collected - Personally ----- by Courier-----

I would like to act as Group Leader for following papers: (Please Tick \sqrt Box)

(1) **Case Studies on Unique overseas transactions-GST and Customs Implications**

(2) **Intricate Case Studies on Input Tax Credit**

Delegate Fees:

Draft / Cheque No. _____ Dated _____ Drawn on _____

Branch _____ for Rs. _____ is enclosed herewith

Date:

Signature

Registered Office

3, Rewa Chamber, Gr. Floor, 31, New Marine Lines, Mumbai - 400 020.

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