



The Goods & Services Tax Practitioners' Association of Maharashtra

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

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

Tel: 23752267/68

Library 1. Mazgaon: 1st Floor, 104, GST Bhavan,

Library 2. Ground Floor, Suburban GST Bhavan, Bandra Kurla Complex, Bandra (East),

Email : gstpam.election@gmail.com

Website: www.gstpam.org

NOMINATION FORM:

To,
The Chief Election Officer,
The Goods and Services Tax
Practitioners' Association of
Maharashtra,
Library, 1st Floor, Room No 104,
GST Bhavan, 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 2024-25 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	Date		
Hon. Jt. Secretary or Hon. Treasurer	Years in which candidate was a Managing Committee Member.	Year		
Vice President or President	Years in which candidate has held the position as an Office Bearer of the Association.	Date	Post	
		1)		
		2)		

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

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

Chief Election Officer