

**NOMINATION FORM**  
**ALL ODISHA TAX ADVOCATES ASSOCIATION(AOTAA)**  
Office : Link Road, Near Prime Hospital,Cuttack-753012  
ELECTION TO THE MANAGING COMMITTEE FOR THE TERM 2024-2025

To,

**SHRI PRASANTA KUMAR MISHRA**  
**ADVOCATE**  
**ELECTION OFFICER IN THE ELECTIONS OF AOTAA FOR THE TERM 2024-2025**

PHOTO

**A. PARTICULARS OF THE CANDIDATE:**

1. NAME : \_\_\_\_\_

2. ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

3. DISTRICT \_\_\_\_\_

4. MOBILE NO.: \_\_\_\_\_

5. E-MAIL: \_\_\_\_\_

6. ODISHA STATE BAR COUNCIL NO: \_\_\_\_\_

7. DATE OF BIRTH: \_\_\_\_\_

8. ZONE TO WHICH CANDIDATE BELONGS TO: \_\_\_\_\_

B. POST FOR WHICH CANDIDATE HAS SUBMITTED NOMINATION : \_\_\_\_\_

C. NAME OF PROPOSER: \_\_\_\_\_ Signature \_\_\_\_\_

D. NAME OF SECONDER \_\_\_\_\_ Signature \_\_\_\_\_

I \_\_\_\_\_ (name of the candidate) consent to the above proposal. If elected, I undertake to abide by and follow the Bye-Laws of AOTAA as also observe high standards of professional conduct and etiquette.

Date :-

\_\_\_\_\_  
SIGNATURE

Enclosed : (i) Nomination fee payment details.  
(ii) Photocopy of OSBC certificate.