Form - A & Form – F

(For Advocates & Advocate on Records)

APPLICATION FOR ISSUANCE OF CERTIFICATE OF PRACTICE

[See Rule 8.3 of the B.C.I. Certificate and Place of Practice To,	e (Verification) Rules, 2015	
The Secretary,		
Bar Council of	Passport size Photograph of the Advocate	
Sub. : Application for issuance of Certificate of Practice (/		Sir,
Sub Application for issuance of Certificate of Practice (/		511,
I hereby apply to the	(name of the State Bar	
Council) for issuance of certificate of practice. My		
full particulars are as follows: -		
1. Enrolment Number on the Roll		
2. Date of Enrolment	/	
3. Name of the Advocate		
(As given in the Enrolment Certificate)		
4. Father's Name		
5. Present Residential Address		
6. Name of Institution & University from where advocate	has done his	
i. Matriculation / 10 th Nar	me of School/Board/Year o	f pas

- ii. Graduation ______(Name of College/University/Year of passing)
- iii. LL.B. _____(Name of College/University/Year of passing)

Office Addres	with Telephone No.	
Mobile No. /	mail/ Website	
Place of Pract (As given in th	e Application form for enrolment)	
Present Place	of Practice	
Date of Birth		
Name for Bar	ssociation of which applicant is a member	
	pplicant after enrolment, has joined any Government/Semi- Governmer e or any other kind of service, if so full particulars furnished with date of joi	
/sleeping par instrument I Whether the	applicant after enrolment, has joined any Business, as a full par ner, if so, full particulars be supplied, with an attested copy of business the Partnership Deed, MOU, Agreements etc	
Whether app	of the Act, if so certified copy of judgment/other be attached : cant, at present, is facing any disciplinary or criminal or contempt proceed any Criminal or other proceedings or not, if so, full particulars be give	-
	//	
	n submitting the application form, reasons to be given	
		_
Process fee /	ate fee/ Penalty	
Rs	by way of Demand Draft No	
	/ Account Payee Cheque No.	-
Dated	or Cash Paid to	
	on	

- full partner iess
- entioned in
- roceedings/ be given:.

18. Place where the Advocate intends to cast his vote

i. In Bar Council Elections _____

Yes

- ii. In Bar Association Elections ______ Name of the Bar Association ______ Place _____
- 19. Any other information, applicant wants to submit about his distinctions.
- 20. If the Advocate is not a member of any Bar Association (registered and recognized by the concerned State Bar Council), the reason for not being a Member or Bar Association_____

21. Whether the Advocate intends to become the Member of Bar Association in Future. (Put a "X" Mark)

No.....

I verify that the information /particulars furnished by me are true and correct to the best of my knowledge and nothing has been kept concealed therein.

I am also submitting herewith Column – II and III of this Form "A"

Date:

Full Signature of the Advocate

Note: - One additional passport size photograph is attached/ sent herewith.

Form – A

Column – II

[See Rule 8.4(ii) of B.C.I. Certificate and Place of Practice (Verification) Rules, 2015]

Ι_	aged									
Son	ofResident of									
enroll	ed as a Advocate on the roll of									
	(name of the State Bar Council) do									
heret	by solemnly affirm and declare as follows: -									
1.	That after having obtained Certificate of enrolment from the									
	(name of the Bar Council) under Section 22 of the Advocates Act, I have not left practice in law.									
2.	That I usually practice atand I intend to Cast									
	my vote									
	i. In the elections of the State Bar Council at									
	ii. In the elections of Bar Association									
	(Name and Place of Bar Association)									
	(This clause 2(ii) shall not apply to those advocates who do not intend to be the Members of any Bar Association)									

3. That since my enrolment as an advocate, I have not switched over to any other Profession /services/business and that thereafter, I am doing practice in law.

Date:

Full Signature of the Declarant –Advocate

<u>Form - A</u>

Column - III (Certification)

[See Rule 8.4 (iv) of B.C.I. Certificate and Place of Practice (Verification) Rules, 2015]

This is to certificate that Shri/Mr./Mrs./Ms.____

											, Advo	scale S/	0, VI	170,
D/o										is a	bona	-fide me	mbe	r of
the	Bar pra	cticing	usuall	y at		_/			-	1				2
					1			(n	iame o	fthe E	Bar As	sociation	, if a	iny)
and	he/she	has	been	practic	ing la	w sine	ce joi	ning	this	Bar	from	the	у	ear
				_		and has	s not le	ft such	pract	ice and	l fur	ther cer	tify t	hat
the _l	particulars	disclos	sed by	him/	her in	the a	accompa	anying	applic	ation	are	correct	to	my
knov	vledge and	belief.												

Date:

Full Signature with name of Authorized Member Bar Council of _____ Full Signature with name of President / Secretary Bar Association (Seal)

N.B. - In this certification the declaration should contain/attach the certified copies of atleast 5 Vakalatnamas or any other document/cause list establishing that the advocate has been in practice for last 5 years.

N.B. - If the advocate is attached with some Registered law or Solicitor firm, he shall furnish a certificate to that effect from the Authorized Officer of concerned Firm showing details as to for what period Candidate/Advocate has served the firm and nature of his details.

If the lawyer is a conveyancing lawyer, he shall furnish 5 (five) such documents of last 3 years to support his claim that he is in conveyancing practice lawyer.